

RT

85

.M8

*The  
Catholic Nurse*

RICHARD J. MURPHY, S.J.



Class RT 85

Book . M 8

Copyright N<sup>o</sup>

**COPYRIGHT DEPOSIT.**







THE CATHOLIC NURSE



# THE CATHOLIC NURSE

*Her Spirit and Her Duties*

RICHARD J. MURPHY, S. J.

*St. Ignatius College, Riverview,  
Sydney, Australia*

MILWAUKEE, WISCONSIN  
THE BRUCE PUBLISHING COMPANY

Liber cui titulus "The Catholic Nurse" a P. Ricardo J. Murphy,  
S. J., conscriptus, Imprimi potest

F. X. McMENAMY, S. J.,  
Praepositus Provincia Missourianae

---

Nihil Obstat

HENRY B. RIES  
Censor Deputatus

Imprimatur

✠ S. G. MESSMER  
Archiepiscopus Milwauchiensis

April 14, 1923.

RT 85  
M8



Copyright, 1923  
Richard J. Murphy, S. J.

---

Printed in the United States of America

JUN -4 1923

©C1A704758

201



## FOREWORD

**T**HE Catholic nurse! This title is full of meaning. A nurse worthy of the name Catholic will embody in her private and personal life all that is best in human nature and all that is true and most impelling in Christ's religion. She will know Christ and love Christ as the Great Man, the Good Samaritan, the One who went about doing good, the meek and gentle Good Shepherd, the Friend and Brother of us all, the hater of sin and the lover of the sinner, the kindly, loving Companion of the poor, the helper of the rich, the lover of truth, and the scourge of hypocrisy, but the benefactor of simple children and all those suffering in body and mind. She will believe in Christ and worship Christ as God, as the Divine Father, Brother and Saviour of all mankind, as the eternal God who still lives amongst men in His sacramental presence, consoling, comforting and strengthening all those who take Him into their lives by faith and good works for the establishment of His kingdom on earth. Living by the spirit of Christ's religion she will be strong, she will be gentle, she will not fail in the difficulties and trials and temptations of her laborious profession, she will not be sad but happy, she will be joyous but not frivolous. She will be cultured and refined and yet with all simple, forceful and effective. The nurse who takes Christ in the spirit of deep faith as her Friend, her Brother, her Father, her Redeemer and her God, will have within her soul a strength that will lift her above the pettiness of self unto the greatness of Christ by a force that comes from God alone, from the religion which Christ and the Father and the Holy Spirit are keeping alive amongst men today and by which those of real faith are being lifted out of themselves and above themselves into a Christliness of life and achievement which is more than human, which partakes of the angelic and the divine. All this and more should the Catholic nurse be and become.

Father Richard J. Murphy, S. J., has written a book of rare interest and value. Its style is characterized by simple elegance. The topics treated in the twenty chapters quite thoroughly cover the whole range of nursing activity. The duties of the nurse are set forth in gentle but firm and withal, in an appealing and convincing breadth. Though there may be room here and there for the experienced mind to differ some from Father Murphy's views, he is so well in line with recognized authorities that differences of opinion, if any, will be slight.

However, if I mistake not, the charm of the book and its subtle, insinuating influence will be found in those chapters, those paragraphs, those sentences, those phrases and words in which Father Murphy sets forth the *spirit* of the nurse. This wonderful little book is like a delicate flower, emitting a sweet odor of piety, gentleness, kindness which will be sure to please and influence all readers; but in a very special manner will creep into the life of the nurse with its strong yet gentle appeal, so unobtrusively and yet surely, that no nurse can read the book without being benefited for life.

This book should be in large numbers in every one of our training schools. It should be in the hands of every pupil nurse during her training and continue, as a life companion to be read from time to time throughout all her years of active duty. The clergy, the laity, and the medical profession will be benefited by reading this book because it will help them to see what a really Catholic nurse should be and perhaps it will inspire all to help every nurse with whom they come in contact to live up to the beautiful ideals of her profession.

God bless Father Murphy for the writing of this precious book.

C. B. MOULINIER, S. J.

## PREFACE

**T**HE substance of most of the following chapters was originally delivered in the form of lectures to the nurses of a Catholic training school. These lectures have been re-written, and some chapters on cognate subjects have been added in the present volume. The whole is given to publication in the hope that a wider public may thus be reached, and that many young girls who are entering the nursing profession, or have entered it, may be aided along the difficult path which they have elected to follow.

The great danger facing those engaged in the career of nursing at the present day is that they may lose sight of its high ideals. This is, undoubtedly, an age of materialism. The faith of many is weak, and their charity has grown cold. The atmosphere, therefore, in which the nurse must work is often not such as to foster in her the ideals that belong so peculiarly to her profession.

Furthermore, the advance of medical science in modern times means that much greater demands are now made upon a nurse's mental and physical powers than formerly. The importance rightly attached to perfection in the nurse's technique and methods, the amount of study needed to master the knowledge now required of every trained nurse, and the strain of constant and arduous duties during long hours, may quite easily prevent a nurse from realizing that her training and her work have a higher and more spiritual side. She may allow herself to become narrow in her mental outlook, hard and selfish in her feelings, and devoid of conscience and that religious instinct which should inspire, guide and

sustain every Catholic nurse. It is in the hope that what is here written may enable those who read it to avoid these dangers to a successful career, and help them to push forward courageously towards the high goal of perfection in their noble calling, that these pages are now given to the world.

I wish to thank W. D. Harrison, Esq., for help kindly given in the preparation of these pages, and H. M. Moran, Esq., M. B., Syd., F. R. C. S. (Edin.), for advice on many medical questions.

R. J. MURPHY, S. J.



# TABLE OF CONTENTS

---

	PAGE
INTRODUCTION .....	11-15
Chapter	
I—THE YEARS OF TRAINING	
Nursing demands a true vocation—Mistaken notions about nursing—True nursing—Desire to nurse not sufficient—Happiness of nursing—How can the nurse train herself best—The less obvious side of training—The training of character—What is character? .....	17-23
II—THE YEARS OF TRAINING (continued)	
Guiding principles—Trustworthiness—Thoroughness—Obedience—Strength of character may be acquired—Strength must be united to tenderness—The need of charity—Selfishness most opposed to nursing .....	24-29
III—THE HOSPITAL	
Beginning a new life—Obligations towards hospital—Obligations of hospital to nurse—Loyalty to hospital—An enemy to loyalty—Dealings with companions—Generous judgments of others—Killing enthusiasm in others—Loyal service changes to service of love.....	30-38
IV—IN THE WARDS	
Nursing an art—Acquired at bedside of sick—Patients—How to regard them—Sympathy—Going to school by bedside of sick—Knowledge of patients at first hand—The case-hardened nurse—Persistent effort necessary for success.....	39-44
V—FIDELITY TO RELIGIOUS DUTIES	
Need of solid religious character—The Catholic nurse in the world—Her faith exposed to many dangers—She has to meet hostility and prejudice of others—Danger from nature of nurse's work—The antidote—Moral questions involved in nurse's work—Nurse's life irregular—Practical religion..	45-52

## CONTENTS—Continued

	PAGE
VI—DRUGS AND ALCOHOL	
The drug habit an evil of today—Has small beginnings—Temptation is great—Alcohol—Evil consequences of taking drugs—Special danger of alcohol—Nurse must use utmost caution in using drugs—All drugs detrimental to nurse's work—Warning to nurses.....	53-58
VII—UNLAWFUL WORK	
Matter of grave concern—Destruction of life of unborn child—Attitude of nurse—Clinical cases—Medical decisions must be governed by moral law—Catholic teaching—Lawful practice—Craniotomy unlawful—Ultimate responsibility rests with doctor—Charitable judgments—Other cases a nurse may meet with—Proper course for nurse to take .....	59-67
VIII—THE BAPTISM OF INFANTS	
Nurses may have spiritual duties—Difficulty of performing these—Efforts to assist patients in spiritual things—Baptism, necessity of—A nurse's responsibilities—Various cases—Baptism under difficult circumstances—Intrauterine baptism.....	68-74
IX—HOLY COMMUNION OF THE SICK	
The desire of Christ—What a nurse should know—Preparation of patient—The room—Method of communicating the sick—Nurse's duties—Difficulties in regard to Holy Communion of the sick—Causes prohibiting reception of this Sacrament—Accidents—The law of fasting for the sick.....	75-79
X—WHEN DEATH THREATENS	
Extreme Unction—Nurse concerned only with preparations—Teaching of faith in regard to Extreme Unction—Preparation of patient—Dispositions of soul—The nurse's duty—How the nurse may fit herself to help.....	80-84
XI—PRIVATE NURSING	
Differences of hospital and private nursing—Difficulties of private nursing—The nurse in strange surroundings—The nurse and the family—No rule possible to meet all cases—Hints to guide a nurse on private cases.....	85-90



## CONTENTS—Continued

	PAGE
XII—SOME DANGERS OF PRIVATE NURSING	
Private practice attractive—Has many advantages—Also many dangers—Various sources of these—Nursing male cases—The personal element—Dangerous, but necessary in good nursing—Its value to patients—Nurse must be on her guard—Dealings with medical profession.....	91-97
XIII—SOME DIFFICULTIES OF PRIVATE NURSING	
Some practical matters—Tact and good manners—The true measure of nursing—Exacting situation—Need of self-training—Economy in management of sick—Extravagance or wastefulness always bad—Case in ill-equipped home—Clever nurse manages—Status of nurse—Nurse's dignity—Nurses not servants—Have right to sufficient help—Apartments of nurse—What the nurse must aim at.....	98-106
XIV—NIGHT DUTY	
Sickness demands night work—Problems of night duty—Scientific and moral—Night duty tests nurse's character and judgment—Also her watchfulness and devotion to duty—Dangers of night duty—Male cases—Relaxation of discipline—Untruthfulness .....	107-112
XV—THE NURSE'S SECRET	
The hippocratic oath—Professional secret—A secret defined—Three kinds of secrets—Violation of secret is sometimes permitted—Importance of doctrine to nurse—What to do in difficult cases—Who has right to nurse's knowledge—Rights of doctors, patients and friends—Secrecy in regard to knowledge obtained while nursing.....	113-119
XVI—TRUTHFULNESS AND HONESTY	
Need of truthfulness in the nurse—She must train herself in this—Responsibility of nurse—Nursing in social work—Its effect destroyed by untruthful or dishonest nurse—Two causes of untruthfulness—How it injures a nurse's career.....	120-125

## CONTENTS—Concluded

PAGE

### XVII—DISCRETION

To keep secrets and speak truth—Difficulty of this—Discretion necessary to succeed—Nurse must train herself—Discretion among nurse's greatest assets—Injury done by indiscretion—Discretion in regard to patients—In regard to the hospital—In the nurse's family and among her friends—Indiscretion due to vanity of nurse—It destroys a nurse's chances of work..... 126-131

### XVIII—ON CALL

The meaning of this—A nurse may specialize—Complaints—Picking cases—Dilatoriness in responding to calls—The right rule—The matter of remuneration—Promptitude—Punctuality ..... 132-135

### XIX—A GOOD TIME AND BAD INFLUENCES

Effect of years of training—The life awaiting the nurse—Useful—Happy—Anxious moments—Two temptations—Having a good time—When this temptation comes—To fall a victim is unworthy of nurse—Danger of unprincipled women—Danger arising from unworthy nurses—Warning to nurses ..... 136-141

### XX—NON-CATHOLIC PATIENTS

Catholic nurse's attitude to such patients—Those who are dying—When the nurse is appealed to for help—Giving information—Hearing Mass on Sundays—The law of fasting and abstinence—Concluding remarks—A nurse's prayer..... 142-147

## INTRODUCTION

### IDEALS OF THE CATHOLIC NURSE

*"Amen, I say to you, as long as you did it to one of these my least brethren, you did it unto me."—Matt. 25.*

IT HAS been said with much truth that the art of healing, when moulded by religious principles, is the noblest of all human arts. To claim, therefore, that the profession of nursing is one of the highest careers open to Catholic women living in the world, is indulging in no mere platitude. But no career can be a success in the true sense, unless it is inspired by some powerful ideal. What, therefore, is that ideal which should animate the heart of the Catholic nurse, which should possess her soul with a supernatural energy, which should make her proof against the dangers incidental to her work, and give her strength in the difficulties she is certain to encounter? This ideal cannot be found in the mere excellence of technique, in the depth of a nurse's knowledge, or in any material reward given to a nurse's service. Something more is required. It is love, for love is the foundation of all service. Most of all is it the foundation of that service which the nurse gives to men in their hour of utmost need. The greatest men, the greatest saints, the disciples of Our Lord, and Our Lord Himself, have all but one voice—love. Love is the true secret of service, and for the Catholic nurse it must be her supreme ideal. But this love must not be something of earth, a love that is merely philanthropic, a love that inspires one to relieve suffering only because it is hideous, or cruel, or unpleasant to our senses. Such love is unworthy of the name and quickly passes, leaving the heart

empty and cold. The love which must inspire the true nurse is not of earth, but of heaven. It is the love of God which is the genuine and undying source of real love of men. What is wanted then above all things is that love of God which makes us love all men as we love ourselves. The first and greatest commandment is to love the Lord thy God, and the second is like unto this, to love our neighbor as ourselves. With this love strong in her heart, the nurse can do all things; without it—nothing worth while is possible for her. In her dealings with the sick and suffering whom Providence has placed in her care, the nurse must cherish such a love as Christ, the Master Healer, had, which

*" \* \* \* made Him wander in our pilgrim weed,  
And taste our torments to relieve our need."*

As she goes forth to her work each day, she must remember that more is needed than fingers skilfully trained to handle the sick or eyes keen to observe the dangerous symptom, or even knowledge quick to apply the appointed remedy. These, indeed, are required of the nurse, but much more is necessary if she is to attain perfection in her career. She must have besides these natural accomplishments, a tender, generous, ardent love of those suffering fellow-beings committed to her care. She must, in truth, have a love which "beareth all things, believeth all things, hopeth all things, endureth all things," and which devotes itself to all unceasingly until it has given of its best to everyone in need. Happy indeed is the nurse who possesses the true ideal, and understands that love's secret is the perfect service of the sick for the sake of Christ.



Furthermore, the Catholic nurse has a mission to fulfil. Her work, if well accomplished, has more in it than the actual healing of disease. All those who are intelligently interested in hospital work fully understand that the Catholic Church has at all times and in all places thrown the mantle of her protection around her sick and suffering children. At the cost of sacrifices innumerable she has proved her tender solicitude for the lambs of the flock that Christ loves. Therefore, in order to fulfill her great commission, she regards as a pre-eminently precious work the establishment and maintenance of hospitals for the care of the sick and suffering. Through these channels of mercy which embrace under their sway the deepest concerns of the life that now is and those of that which is to come, the Church accomplishes her Divine destiny and exerts a positive influence for good throughout the whole range of human interests. Since this is so it will readily be seen that the work of ministering to the sick merits the confidence and respect of all true Christians. It is consecrated by the command and example of Jesus, and these combine to give it nothing less than a first place in the Christian system. His command was received and acted upon by His followers then, and likewise through all the ages. To-day when the sick and sorrowful are still the objects of the Divine Saviour's compassion, His true disciples, aided by all the beneficent resources now at the disposal of medical science, are still pouring a balm of inestimable power for good—a very balm of Gilead—over the sorrows of humanity. The means of perfectly fulfilling the Divine Command in this matter are abundantly provided by the Church, and are brought within the reach of every true follower of Christ.

To the faithful discharge of the duty of ministering to the sick, every true nurse is called by the most sacred and conclusive of warrants; and upon no principle can its neglect be justified, so long as occasions for its exercise are present—while there is yet a remnant of suffering humanity.

We are justified, therefore, in claiming as we did at the beginning, that amongst the highest callings for Catholic women living in the world ranks the profession of nursing. We freely admit, at the outset, that, in entering upon this career, it is not a bed of roses which the young nurse is choosing for herself. The life, like every other great work, has its inevitable trials, dangers and temptations; all these are fully referred to in later pages. Despite these difficulties, however, the command has been given, and it is for those who have been privileged to hear it, to obey. Who can so easily and naturally fulfil Christ's command to love one another as the Catholic nurse, enlightened as she is by her faith, and supernaturally fortified by the practice of her religion? She gives to others, not merely the "cup of cold water" mentioned by Our Lord, but the very best that is in her for the sake of Christ. She perhaps more than others, will recognize the power and meaning of those other words of Christ: "I was hungry, and you gave me to eat; I was thirsty, and you gave me to drink; I was a stranger, and you took me in; naked, and you clothed me. Amen, I say to you, as long as you did it to one of these my least brethren, you did it unto Me." This is the ideal which the Master puts before those who would follow Him most closely and ardently, and the secret of that ideal is love, for love is ever the true foundation of service. To serve Him in



this spirit should be the inspiration of the nurse's life, giving her strength in weakness, courage in difficulties, confidence in doubt, and hope in all things.

It may be objected here by some that those rewards and spiritual blessings so abundantly promised by Our Divine Lord apply solely to those engaged in the care of the sick without temporal reward. This is not so. The nurse belongs to the world, and has a place to maintain in it. She must live, and "the labourer is worthy of his hire"; therefore, she is justly entitled to the payment she receives as a necessity and a reward for her services. But this is purely a secondary consideration. The true Catholic nurse recognizes well that while anything that is undertaken solely for sordid profit or material advantage always ends in failure, everything that is done in renunciation of self and in devotion to Christ has proved an inexhaustible source of individual happiness, and of permanent benefit to the world.

Therefore, Catholic nurses, cherish reverence for the great ideals of your profession. From out the little sphere in which you now serve Him, the influence of your life will spread. Dedicate this life to Him in small things as well as in great, for things apparently commonplace are all parts of a divine work. In this way you will make routine the school of heroism; you will learn that the love of duty is the strength of heroes; and your entire self will be quickened, revisited and illumined with a holy light—the light of the Eternal Ideal.



## CHAPTER I

### THE YEARS OF TRAINING

*"The work that tells us the work of the skilful hand directed by the cool head and inspired by the loving heart."*

*—Florence Nightingale.*

**N**URSING, like every other profession, demands a true vocation in those who devote themselves to it.

By this is meant that the girl who adopts this walk of life must have, besides a worthy motive, those aptitudes or qualities which will respond to the duties and calls to be made upon her by her training and her after-career.

A girl who seeks in nursing either amusement, a good time, an easy means of making money, or an entrée to the marriage market, makes a grievous mistake. Again, to quote the words of Florence Nightingale, "A woman who takes the sentimental view of nursing (which she calls 'ministering' as if she were an angel) is, of course, worse than useless. A woman possessed of the idea that she is making a sacrifice will never do. A woman who thinks any kind of nursing-work beneath a nurse will simply be in the way."

To aspire to the work of nursing is a high and noble ambition. True nursing is not merely to secure an honourable means of livelihood; but rather to employ those gifts with which God endows every true woman, in the service of suffering humanity. It is to give oneself that others may have; to do for those that cannot do for themselves; to suffer oneself that others may suffer less or live longer; or, if to die, that they may die better prepared. It is, in a word, the noble desire of earning for

oneself that life record of the Divine Healer Himself, so well epitomised in those beautiful words, "He went about doing good." This is true nursing. /

On the other hand, a mere desire to nurse is not sufficient in itself to justify a girl in undertaking this work. The desire must be accompanied by gifts of head and heart of no ordinary kind. This is evident to anyone who reflects. In the first place, the trainee needs must undergo a severe course of study; she must also submit to the restraint and discipline of a large institution; she will be obliged to undertake great responsibilities—often those of life and death; and she will find herself brought into daily and hourly intercourse with people of all classes, and frequently under the most trying circumstances. All these things will make demands upon her far beyond the demands made upon her sisters engaged in less arduous walks of life.

The smallest experience of hospital life serves to bring home very forcibly the truth of these words, "If there is any nonsense in peoples' ideas of what hospital nursing is, one day of real duty will root it out. There are things to be done and seen which at once separate the true metal from the tinkling brass." It is clear, therefore, that the simple desire to join the nursing profession is not sufficient to justify a girl in selecting it as her life's work.

But given those qualities that go to the making of the efficient nurse, the probationer will be happy and contented in the discharge of her duties. Each day will call upon those deeper and finer qualities of her womanhood which, perhaps, have hitherto been latent. Her mind will grow more alert; her character will be formed in a new and stronger mould, it becomes enriched with a ten-



derness and sympathy which the environment of suffering rarely fails to evoke. The nurse will have her trials and difficulties, her disappointments and failings, her bright days and also her dark ones; but through it all she will possess a serenity of soul and an abundance of peace springing from the consciousness that she fits into that place in life which Providence intended for her, from the knowledge that she is steadily advancing onward, and from the assurance that success will ultimately reward her efforts. Day by day the grandeur of her calling will dawn more fully upon her mind. She will become more conscious of its nobility. She will realise its possibilities more fully. New powers attained will give greater strength and confidence. Things at first hard and unintelligible will begin gradually to take shape and meaning. Appeals will be made to all that is best within her, and as she grows in the knowledge of all that nursing means, she will devote herself with deeper enthusiasm and joy to each task which she meets in her daily round of duties.

How then can a young girl who feels in herself both the desire and the capabilities of a nurse secure for herself the best that is to be found in these years of training? At the outset of her career she must put to herself this question. For just in the measure in which she answers it, and lives up to all the answer reveals to her, will she succeed. To help her in this enquiry it may be said in the first place, that in a nurse's training it is not the obvious which is of greatest importance. This is true of most callings in life. But on account of the very nature of nursing it is, perhaps, of greater significance to the nurse herself than to anyone else. Now, no one will gainsay or deny the importance or the difficulty of a

nurse's course of training. The education required of nurses has advanced a great deal in modern times. The courses of study have been so elaborated, the standards of efficiency have been raised to such a degree, that to secure success in the final tests involves an immense strain upon the strength and physique of the candidate. Again, this strain is unrelenting throughout the period of training. It is required that the trainee shall make constant and steady advance in knowledge and skill. Frequent tests are applied throughout the course, and practice under the eye and direction of others, is unceasing. The importance and the difficulty of these years is, therefore, quite clear.

Yet there is the other side of the nurse's training. It is less obvious but more important for the nurse who wishes to be truly efficient. By this less obvious side of her work in the hospital, we mean that training and development of character, without which it is impossible to acquire perfection in this career. We may truly call it the spiritual side of hospital training. Though it is not directly a part of religion, yet it greatly demands a true and earnest religious spirit. For the girl whose religion is shallow, whose faith is weak, whose perception of spiritual truths is dull, can scarcely hope to develop a character capable of withstanding the tests a nurse's life has in store for her. For such a girl the way in life lies along other paths. Nursing is not for her.

Again, this training of character is not by any means opposed to the technical training or the scientific education of the nurse. It can neither supplant these nor take in any way from their importance. Rather does it transcend them all and give them a value they have not in



themselves. Unfortunately, this side of her training, because less striking, may be overlooked by the trainee. Should this happen, it will be not only to her own great loss and perhaps, to her undoing, but also to the great loss of those who will be brought into contact with her during her whole career.

This matter is worth a little further consideration. It is clear to all who know the nurse's life and work, that in the really efficient nurse, one quality stands out beyond all others. It has more value than excellence of technique or method, or good manners, or even general willingness to do one's best. This quality is all important. It is the source of all other qualities. With it there is nothing the nurse may not achieve; without it, she will ever fall sadly short of that perfection which her calling demands of her. This quality is called strength of character. In the making of a nurse, strength of character is of fundamental importance. She may have many other adornments of soul or body, but if she lacks a strong character, she lacks an essential quality of a good nurse.

Judith of old adorned herself with rich garments and costly jewels and precious stones. But God, we are told, added to her "beauty of soul." It was in virtue of this interior beauty that this great woman went forth to meet the terrible contest of her life and was successful in it. So must it be with every woman that would nurse. She may acquire many gifts and graces and accomplishments. Her technique may be all that is desirable, her methods excellent. These will adorn her; but if she have not that added beauty of a strong soul, she will not succeed in the great task she has set herself in life.

The word "character" here needs some explanation. By character, we mean that force or power within us which marks off the individuality of each of us. It varies infinitely. We speak of good character, bad character, weak character, and strong character. All the time we mean to indicate the presence or absence of certain qualities which go to distinguish the person to whom we refer. Thus, it is in the case we are considering. A girl of weak character is one who habitually acts on impulse, who is inconstant in her conduct, and over whose thoughts and words and deeds there is little self-control. On examination, we should find her lacking in any hidden springs of motive to guide her in the varying circumstances of life. To such a person an ideal would not appeal. She would be incapable of grasping it, much less of yielding to its dominating influence; while amid the persons and circumstances of her surroundings, she would show herself but a mere passive instrument, a leaf swayed by each varying breeze.

A girl of character, on the other hand, presents a totally different picture. Her life has a set unity of its own. It strikes the observer at once. She is not rigid, but possesses an elasticity which is very distinctive. Like highly wrought steel, she can bend to the inevitable or the needful, but quickly regain herself. She is not ruled by impulses which come her way, but dominates them to her own purpose, and to the end she proposes to herself in life. She is mistress of herself, fearless, calm, and deliberate. She does not regard consequences, is clear in her policy, set in her purpose, restrained in speech, slow, perhaps, to begin, but persistent to finish whatever she attempts, courageous in difficulties, kind to others, tol-

---

erant of differences, and to everyone as just as she is considerate. In a word, she is ruled in her life, not by the passing impulses of a fleeting moment, but by those ideals which are to her as guiding stars along her path in life.

## CHAPTER II

### THE YEARS OF TRAINING (Continued)

*"We may give you an institution to learn in, but it is you who must furnish the 'heroic' feeling of doing your duty, doing your best, without which no institution is safe, without which training schools are meat without salt."—Florence Nightingale.*

**A**MONG the guiding principles of conduct which direct us all in life, there are some which must dominate the nurse's life. The true nurse must have not only strength of character, but this must show itself along well-defined lines. It will be helpful, therefore, to mention here a few of those traits of character which need to be cultivated by one who is training herself for this profession of nursing.

In the first place, a nurse must be trustworthy to the last degree. Her position is essentially one of trust. Life and death are constantly placed in her hands. Temptations of many kinds will cross her path. Secrets will be made known to her and confidences given by those to whose health she is ministering, and upon her evidence much may at times depend. Again, the nurse is the doctor's chief assistance. Upon the trustworthiness of her reports and the fidelity of her answers, he depends greatly for the success of his operation or treatment, while the hospital relies upon the fidelity of the nurse for the perfection of its work, and for its good name before the world. Hence, it is so essential to every one aspiring to this great calling to train herself to be in all things exactly truthful and truthfully exact. Trustworthiness, therefore, is one of those ideals or principles which characterise the well-trained nurse.



Another trait demanding attention is thoroughness or reliability. If nursing demands anything of its followers it is that they be thorough and earnest in all they do. Nothing is so foreign to this very exacting calling as to be shallow, or superficial, or slovenly in one's thoughts, or habits, or work. Further, it is not sufficient to rouse oneself when face to face with threatening death at a patient's bedside. If a nurse would show herself as she ought in these awful moments, she must have acquired the spirit of true devotedness in all her work. It must be habitual with her. She must exercise herself in the minute details of daily life. This devotedness must show itself in cheerful loyalty to the spirit and letter of the hospital rules, in the habit of exact punctuality, in the prosecution of her studies, in the neatness of her person, in scrupulous cleanliness and in the order of her quarters. In all things, great and small, the earnest, thorough, methodical mind will show itself. The shallow-minded, on the other hand, will fail to see the truth of the great principle that it is the good and faithful servant, who has been faithful and true even in little things, to whom greater gifts are given and for whom the reward of ultimate success is waiting.

Finally, the nurse who wishes to succeed in her calling must from the beginning set herself to acquire the habit of prompt, cheerful and unquestioning obedience. This is essential to her work. The habit of true obedience is, therefore, a necessary part of that formation of character with which we are dealing. It is certain that nothing can stand the nurse in such good stead, either during her hospital career or her after life, as this habit of obeying. If the trainee industriously exercises herself in the prac-

tice of this solid but very self-denying virtue, she may look upon the future with a steady gaze. No matter what it holds in store for her, she is safe. If she has learned to obey, she has secured for herself a source of strength against whatever difficult hours or straitened circumstances may come her way in the course of her career. She has also secured a passport to the highest excellence in her work.

Obedience is as necessary to the nurse as to the soldier in the field. To both is essential at certain moments that blind, passive yielding of the will to others. An intelligent interest in the work in all its parts, and a wholesome curiosity to know the reasons that govern the management of a hospital, or dictate the treatment of a patient are certainly useful and desirable. Yet the nurse's obedience must not depend on these. She must obey perfectly whether she sees the reasons or is ignorant of them. It is decidedly good to substitute intelligent obedience for passive or blind obedience. It makes obedience easier and at times secures better work. But it is not necessary. It is frequently quite impossible. The girl who will obey only when she understands the why and the wherefore of the order is not fitted for the nurse's calling. She were well advised to seek some other occupation less fraught with danger to herself and others.

These are some of those ideals or principles of conduct which should characterise the efficient nurse. Though the subject is not exhausted, yet sufficient has been said to help any girl, who has a true calling to be a nurse, towards success in this noble profession.

It is well here to emphasize strongly the fact that this strength of character is something that may be acquired.



To have a strong character, or to strengthen the character we have, is a simple matter of personal endeavour. It is just like training one's muscles to run or swim or play, or like acquiring skill in manipulating one's fingers. In none of these will mere wishing suffice. Earnest endeavour always does. So it is with character. Pious desire is not enough. It is useless. But to try hard means ultimate success. Frequent effort, many failures and steady perseverance make the artist, the musician or the skilled operating room nurse. So it is with character. To try often, to fail many times, to persevere always means in the end success.

But strength is not the only quality that a nurse's character requires. In fact, to over-emphasise this quality would be fraught with great evil. There must be proportion and harmony in the perfect character, as in the perfect body. Hence, to strength of character must be united a tenderness and sweetness of disposition as beautiful as it is distinctly womanly. This quality, which is none other than the virtue of charity, is the most exquisite of the soul's gifts. In that calling whose *raison d'être* is to help our fellow man in his hour of greatest need, it is the one which is most frequently brought into play. There is no need, therefore, to insist upon its importance to the nurse.

Yet this sweetness or tenderness of disposition must be rooted in strength of character. The reason is clear. A lovable nature which is at the same time weak and vacillating, is unfitted to bear the burdens of others or to aid them in their needs without exposing itself to very great danger. Such natures quickly find themselves overcome by the difficulties which they will surely meet with in

a nurse's calling. Nursing is not the vocation for those who are weak and indeterminate.

All the same, it would be hard to exaggerate the need there is for a deep, abiding, all-enduring charity on the part of the nurse. The nature that is marked with gentleness and tenderness is one that readily finds its true place in the nursing profession. The cold, unsympathetic woman, how strong soever her character, is not likely to be successful in a calling where the highest aim is to serve the sick.

The probationer must from the start impress upon her mind the necessity of cultivating in a high degree those womanly, nay, motherly qualities which so adorn the truly efficient nurse, and render her a source of comfort and strength to every patient entrusted to her care. To succeed in this, she must first acquire the spirit of sacrifice. This is the first great lesson of charity. Who learns it, learns all. It is the lesson so frequently on the lips of Christ. "Seek your life," He said, "and you will lose it"; that is, if we just seek ourselves and our own ease and comfort we shall fail in charity. Too frequently are these lessons of Christ restricted in their application. It is sometimes said that they are meant for those who, in religion, have renounced the world. The fact is, of course, that the Master's words were spoken for all. But to few do they appeal so significantly as to the nurse. In the wards, by the sick-bed, among her companions, the nurse will find abundant opportunities of applying hourly and daily the words of Christ and of practising the renunciation of herself.

We can put this idea in another way. Selfishness is one of the greatest enemies in the life of a nurse. There

is nothing more foreign to the spirit of her vocation. It is a vice, and an ugly one, in whomsoever it is found, worst of all in those whose profession stands for devotion to one's neighbour in his hours of sickness and suffering. Selfishness, moreover, is an insidious evil. Constant vigilance is needed to guard against it. It is also an evil which grows quickly, and, if left unchecked, it soon develops that hard, narrow-minded, petty woman who, of all others, is least fitted to be a nurse. "There is urgent need," says one, writing on the qualities of a perfect nurse, "for all the unselfishness, the self-sacrifice, the cheerful endurance and active sympathy, which makes the possessors rich in what they have to give, and their services of inestimable value to those upon whom they are bestowed."

The girl, therefore, who will follow this profession, whose aim is to serve the brethren when they do most need service, must be distinguished for her charity. The true nurse should be not only strong and valiant, but also tender and loving. She must ever be forgetful of self to be mindful of others, and deny herself that others may have. This is the true meaning of her life and the spirit that must animate her work. For charity gives to nursing a fulness and richness which science, however perfect, or skill, however exquisite, can never give. But the nurse must see to it that her charity is real and genuine; that it is such charity as St. Paul would recognise, who wrote: "Charity is patient, is kind; charity envieth not, is not ambitious, seeketh not her own and thinketh no evil."



### CHAPTER III

## THE HOSPITAL

*"Thy people shall be my people, and thy God my God."*

*Ruth 1-16.*

**T**HE day the probationer joins her hospital is the beginning of a new life for her. This does not only mean that she has put her foot on the lowest rung of the ladder and has begun its ascent. Neither does it only mean that she has new duties to perform, a prescribed dress to wear, or a set order of the day to follow. Doubtless it means all these; but it implies much more. This is more fully expressed by saying that in joining the hospital the probationer becomes one of a family. She now no longer stands by herself; she is not alone; her interests intertwine with those of others; the ideals of life, the objects to be attained, the means to be employed are common to all. In the community of life and work around her she shares equally with others.

Ruth of old, on leaving her home and country to follow Naomi, cried out: "Thy people shall be my people, and thy God my God." This cry expressed the whole-hearted giving of herself to the love and service of her kinswoman. The young girl, who leaves her home to follow the nurse's calling, may very fittingly make Ruth's words her own. For if she have the true spirit of this calling, she will indeed find God in a new and wonderful way in the service of the sick. The hospital in opening its doors, bids her welcome to a new home. By those gathered there to carry on one of the noblest works given to woman's hands to perform, she is received and numbered as one of the family. Therefore, as she enters the



hospital doors and realises all this means, she will find an echo in her heart of those beautiful words, "Your God shall be my God, and your people shall be my people."

But her reception means also that the probationer incurs certain obligations towards the hospital. When a girl ultimately receives her certificate and joins the ranks of the trained nurses of her country, she undoubtedly incurs a new responsibility towards the nursing profession. This is true of every profession. Upon each member admitted to its ranks, falls the responsibility of keeping and guarding its good name. When the probationer, therefore, is received into the hospital, she necessarily undertakes serious obligations towards the institution which she has chosen and through which she is to gain entrance to her profession. Perhaps no word describes so well and so fully these obligations as the word *loyalty*. The nurse, when entering her name on the books of a hospital undertakes to be loyal to that hospital. That is, she undertakes to do her best for her hospital, to work for her hospital, to put her hospital first in all things, and in her words and actions to guard jealously the good name and honour of her hospital.

Florence Nightingale puts the same idea in different words. In the early days of the trained nurse she wrote to her nurses: "*Esprit de corps* should be encouraged. It is a great help to think 'If I do this I shall be a disgrace to my training school.' 'If I do that I shall do honour to it.' Let nurses be proud of their Alma Mater. Let them think their own training school and their own doctors the first in the world."

It must be remembered that if the probationer obliges herself to certain things when she joins a hospital, the

hospital on its side, also incurs responsibilities towards the nurses. It engages to furnish the means of training, to provide for their needs, and it may allow some remuneration for work during the years of training. It will educate in the art of nursing and in doing so enable them to develop to the fullest extent the powers and faculties with which each of them is endowed. But while doing this the hospital entrusts to its nurses its fair name and reputation. This is why the word loyalty so fully expresses a nurse's duty towards the hospital.

Every hospital is a public institution. In a sense it belongs to the public. At least they are its critics and its judges. It is easy to see then how the good reputation of the hospital is almost entirely in the hands of its nursing staff. It were foolish to say that this responsibility rests upon the management or upon the medical staff. These without doubt have their share. But the fact does not relieve the nurses of their own responsibility. Failure on their part means injury to the hospital, no matter how perfect its management or how efficient its medical staff. As the nursing staff has immense powers for good—so also has it the capacity of doing harm that may be irreparable. Again, it must be remembered that each individual shares in this responsibility. There is no one from the youngest probationer upwards, who does not share personally this common burden. As the good name of the hospital is promoted by every successful effort, so is it injured by deliberate failure on the part of anyone. If a nurse, for instance, fails to observe regulations or is remiss in attention to patients; if she is wanting in obedience to her superiors or in courtesy to her equals; if she idles at her work or

neglects her studies, she undoubtedly injures her hospital and so fails in the loyalty she owes it. Again in what concerns the guarding of her own fair name and good character, it is needless to point out how failure on the part of the nurse in such a matter would injure her hospital. Hitherto to guard her own name has been something sacred to her because of her very womanhood. Now she is guardian of it for her own sake, indeed, but also for the sake of her hospital, which could be so severely wounded through her.

A real enemy to true loyalty is the spirit of criticism or fault-finding. In hospital life, where the results are obtained by the united effort of many, where duties are new and difficult, and where characters differ so widely, it is quite evident that the young nurse will not escape temptation to this fault. It is written: "The poor ye have always with you." We know how true this is. But is it not equally true that we have also with us those poor souls whose utter poverty is revealed to us by their constant grumbling? Deficient in all that makes for richness and greatness of soul, they have nothing to fall back upon to sustain them when face to face with the imperfections incidental to all human persons and affairs. Hence those constant fault-findings and carping criticisms of people, of arrangements, of food and lodging, of everything. Deplorable as this failing is in any girl, it is particularly so in the case of one whose calling demands so much from its followers. The nurse who wishes to succeed in her calling must, therefore, from the very outset of her career, set her face against this wretched and harmful spirit. Nothing is so contrary to perfect loyalty. It hurts everyone. It hurts the person criticising, by ex-



posing the emptiness of her soul; it wounds the person criticised; and it destroys, so far as it is able, the harmony and love that should ever animate all engaged in the noble work of hospital nursing. One is reminded in this connection of the old tale of the whaling boat in the northern seas. The cold was so intense that when the sailors tried to speak, the words were frozen hard as they came from their lips and could be heard falling on the deck. So it is with those cold-hearted, carping critics. Their words fall from their lips like the hard-frozen words of the legend. They are neither beautiful, nor helpful, nor useful—just plain, ugly things, that hurt everyone they touch or fall upon.

But it is in her dealings with her companions that the young and inexperienced girl may find herself most exercised in this matter of criticism. In other departments of life her very inexperience may safe-guard the young nurse, and cause her at least to suspend judgment. But it is not so in regard to her companions. Inexperience is well known to be no guarantee against the rash judgment and hasty criticism. How often and how foolishly do the inexperienced rush in where those more widely experienced are fearful and hesitating!

In regard to her companions then, it will be well for the trainee to remember that they are human as she is, that they have their imperfections as she has, and that all are striving together to attain the same great object—perfection in the service of the sick. From this should really spring a closer bond of union; while the kindred interests of the life common to all may become the source of friendships both intimate and abiding.

The girl who is sincere in her calling will, therefore,



ever seek to cultivate that kindly consideration towards her fellow workers which enables her to look beyond her own particular needs. She will strive for that large-mindedness which will not resent the inconsiderateness of others towards herself. She will be ever ready to bear the burdens of the weaker ones, and to drive out that spirit which breeds unwillingness to aid except where personal advantage can be gained. She will fly that narrow, selfish principle that shirks the kindly act because "it is no business of mine." The simplest of such deeds, be it the lending of one's notes, the explaining of a technical point, or the sharing of a distasteful duty, if done with gracious, unaffected willingness is, to the discerning, always its own reward. Once a girl showed such a spirit in the presence of Christ. In the little house at Bethania, Mary had apparently been singled out for special favour. A place was allowed to her at her Master's feet, while to Martha fell the hard work and drudgery. Now Martha was jealous of the good fortune of her sister and complained that the Master had no care of her. Are we not all of us like Martha at times? When success attends the efforts of others, or good fortune falls to their share, does not the same jealous spirit rise in our hearts? Do we not stand and complain that no care is had of us? The large-hearted and generous girl will not act so. She will be quick to see the good parts in others and to rejoice in the perfection they have acquired or in the success they have achieved.

But it is not enough to wait until perfection has been reached to see all the goodness in one's neighbour. It is the part of the truly generous to perceive this even in the early days of struggling and while the dross of many

imperfections still hides much of the beauty that is to be. The fruit before it reached the maturity which makes it comely to look at and sweet to taste, has first to pass through the blossoming stage and then becomes an ill-shapen, bitter thing. So it is with many while acquiring those qualities which will later enrich and sweeten their own lives, and the lives of others. To achieve the full ripeness of perfection in any walk of life is not the matter of one day or of a single effort. We all have our spring time. It is the period of promise; not of achievement. It is accompanied frequently with blasts that chill and even frosts that bite. But it is always a period of hope and enthusiasm. Hence the young nurse, inexperienced in this as in many other things, must guard herself from harsh and critical judgments on those who like herself are still struggling along the uphill road, but have not yet reached the summit.

The young nurse must also beware of killing that enthusiasm which is the driving power of life by denying a kind encouragement where it is most needed or the granting of the stinted and lukewarm praise which is all a cold or jealous heart can ever find to give. One day a woman stole into the chamber where Christ was at dinner. In the enthusiasm of her love, she broke an alabaster box, and anointed His feet with a rich ointment. Her deed filled the room with its fragrant odours, and the guests with admiration at the loving spirit that prompted an action so lavishly generous. But there was one present whose heart was cold and cynical. "Foolish waste," said he; "this ointment could have been sold for three hundred pence." So we find those today who are ever ready to rob others of their enthusiasm and to quench by a cold

manner, a harsh judgment, or a cynical word the fires of love which they see in the brave hearts around them, but find not in their own. Unless the nurse is free from this spirit, she cannot hope to serve well in the high calling of the service of the sick. She must not be blind to the good in others nor niggardly in her praise, nor murmur when praise goes to others, even if it pass her by in doing so.

But the girl who is gifted with the qualities that make the perfect nurse and who sees in her work not merely an honourable occupation, but the call of God himself, is never satisfied with being merely loyal. In her case the spirit of loyalty quickly passes into something higher and more noble. She begins, it is true, with admiration of her calling. With this admiration, however, is mingled a certain misgiving. She may even fear much in the life before her. But this soon changes. As the greatness of the nurse's calling grows upon her, as its nobility and grandeur more and more fill her mind, nursing becomes for her like a cleansing fire penetrating her inmost life and consuming any imperfect thing that could hinder her from responding more perfectly to all its demands.

In the same way her attitude towards her hospital will change. She quickly indeed realises how needful is this loyalty. But she does not rest satisfied with the giving of loyal service. As the love for her calling grows within her, a deep and abiding love for her hospital will also fill her breast. It is now her home. She finds in it a school of ideals and of noble endeavour. It is the source of truest inspiration for her and offers the means of fulfilling most perfectly the highest aspirations of her nature. In her hospital she will learn the spirit of self-forgetful-

ness, of gentleness, and of broadminded charity. She will learn there not only the science and technique of her work, but everything that goes to make the perfect woman and the perfect nurse. Through the years of training, as through life, the hospital will be to her not only the place where her dearest memories are enshrined, but the source of her best inspirations and a tower of strength in all her difficulties.



## CHAPTER IV

### IN THE WARDS

*"Banish foreboding and anxious forecast, and fill to-day with faithful work, with kindness and courage and hope."*

—M. B. Babcock.

NURSING is an art. It has theories and principles like every other art. A knowledge of these is acquired through the study of books and by means of lectures delivered to the nurse during her period of training. Yet it is the practical application of these theories and principles which is of most importance. Hence, it is true to say that the art of nursing is really acquired in the wards and by the bedside of the sick. This fact will be duly impressed upon the nurse during her course of training. Here we are concerned with it entirely from the point of view we had in venturing these remarks, viz., to help a Catholic girl to accomplish her years of training in the best way; to enable her to draw from the experiences of these years the true lessons they can give; and, finally, to aid her in reaching during this important period, the fullest development of herself. Bearing this in mind we now turn to the life and work before her in the hospital wards.

The most important feature of this work is that in it the trainee comes into contact with suffering human beings. They are her patients. She meets them quite early in her career. They will continue to be the objects of all her care and thought, of her labours and anxieties, of her hopes and perhaps of her fears as long as she remains a nurse. Sick and suffering fellow beings are the very *raison d'être* of her calling.

Now it is a simple matter of fact that patients can be regarded in two different ways. They may be looked upon as "cases," or as suffering human beings. Happy the girl who never fails to regard her patients as suffering men or women, who need her help just because they suffer! She will be a successful nurse.

True sympathy, a quality so essential to the efficient nurse, demands much more than the knowledge of the mere symptoms of disease. Every case has in the language of the hospital, "its history." This is a technical term. It tells the story of the origin and causes of the disease and of all that may have a bearing upon the doctor's diagnosis. But there is another history to every case. It is the story of a human life; a story whose chapters tell of joy and sorrow, of pathos and interest, of sordidness, perhaps, but also of brave struggle and noble endurance. With this history the nurse has also to concern herself.

The sympathetic nurse studies her patients. She does so because she realises that without a certain insight into their lives and characters, she is unable to give her patients all the help they need and look for from the nurse. Incidentally, she will find that the effort to know and to understand the lives of others, especially of such as are to be met with in hospital practice, enlarges her mind and widens her sympathies. As a matter of fact, human nature can be learned in the wards in a way that is rare elsewhere. The patient's bedside is a real school to the understanding nurse. There she can learn lessons that can be learned in scarcely any other sphere in life. If to this school the nurse comes with reverence and sincerity, she will learn amazing lessons of self-denial and of heroic en-

durance in suffering. She will see pain of mind and body borne with a constancy and resignation that will astonish her; and day by day in her ward, she will find examples of all that is most noble and most sublime in our frail human nature. If then the nurse's eyes are open and her ears attuned to hear the silent voice of the suffering poor, she will quickly gain a deeper reverence for human nature, a wider appreciation of its great and noble capabilities, while a deeper sympathy with its suffering members will fill her heart. She will also gain a fuller knowledge of herself, realise more deeply her powers of body and mind on the one hand, and her failures and weakness on the other. She will also gather from her lessons in this great school how noble and sublime is the calling in life which she has chosen for herself. She will understand the full meaning of nursing the sick, and learn the nobility and grandeur of the humblest service she can render to the least among her patients. Finally, this knowledge will give her a new enthusiasm in her work, and a new strength to carry out its duties ever more perfectly. This is what "going to school" by the sick bedside in a hospital ward really means.

The nurse has to remember, however, that here no preconceived notions will be of any use to her. What is required is knowledge at first hand, gleaned by herself from those to whose health she is ministering. Patients are living beings—intensely human. By reason of their sickness, they are the most helpless of creatures and usually the most sensitive. Neither the scientific interest of the case, nor the ugliness of the exterior, nor the fact that it is just one among so many others in the ward, can hide this from the eyes of the nurse who has trained



herself to see below the surface. To her in each case under her charge is confided a life full of its own throbbing interests, desires, regrets, and longings. The perfect nurse is sensitive to all this. Her gaze passes beyond and behind the angry wound or the dangerous symptoms to the quivering soul beneath. She sees a soul that is perhaps in sorrow; a soul that is lonely or is anxious, or in darkness, or afraid. She understands; knowledge has come to her and with knowledge a new power. It is that power which a sympathetic insight into the life and feelings of a suffering fellow being always gives. "Power hath gone out from Me," said Christ once as He exercised His healing office. So does power go forth from her who has learned well her lesson at her patient's bedside. It is a power frequently greater than medical science and without the aid of which the best efforts of the doctor may fail. This power is given to every understanding and sympathetic heart. In every woman it is a choice gift; in a nurse, it is among the greatest and best of her qualities. But when the nurse by the strength of her faith can pierce the exterior, so often repulsive, and see the bright image of God beneath; when she can see Christ present, though disguised in poverty and sickness and suffering, and hear Him whisper, "What you do to one of these, you do unto Me," it is then that she begins to feel descending upon her the genuine spirit of her great calling; and each ministering duty done for her patients fills her with the glad consciousness that to her also may be uttered those gracious words spoken of another woman by Christ, "She hath wrought a good work on Me." The nurse who trains herself to take this higher and holier view of her work, will find in it a strength and



consolation to which nothing can compare and which nothing else can supply.

On the other hand, how distressing is the thought of the additional and unnecessary suffering which is the lot of those patients placed in the hands of the case-hardened, thoughtless and selfish nurse. It is needless here to emphasise this. Enough has been said to show how absolutely unworthy such a character is of the nurse's calling. But it is well to remember that constant attendance on the sick is fraught with the danger of making one hard and indifferent to suffering. It is also the reason why patients may sometimes be regarded by the nurse as mere cases which she has to attend for so many hours. Nursing is not at fault here. It is the nurse who is to blame. It is, therefore, the duty of every nurse to guard against this harmful but most unnecessary consequence of her work in the wards. She must remember that every patient is in the hospital for that special assistance which she alone can give. If that help is the cold, heartless help of mere technical skill, and if it is not vivified by the warmth of Christian charity and womanly sympathy, then the nurse has failed not only her patient, but herself and her hospital.

It will be seen, therefore, that in the nurse's calling there can be no success without much and persistent effort. In this very arduous profession there are things to be done and seen which will try the endurance of human nature to the utmost. The long and irregular hours, the wear and tear of the daily round of exacting duties, the difficulty of the studies, the character of others, the work, so anxious and responsible, the waywardness of

patients, these are but some of those things that will try the stuff of which the girl, who aspires to be a nurse, is made.

But perseverance, faith and courage bring success. It is encouraging to remember also that in the trying moments of daily life, when work is hardest, and patients most peevish, and most irresponsible to every best endeavour, the richest blessings of the nurse's profession are to be found. It is then also that the most rapid strides to perfection in it can be made. But this takes time. That nurse with the strong faith and kindly character, who is active, patient and sympathetic, who is long-suffering and self-forgetful, who is firm in the discharge of her duties, but knows how and when to yield, who is tactful and able to say the right word in the right place, and has the gift of showing a happy, personal interest in others, who has a courteous respect for all, who is tender in handling the sick, and alert to foresee their needs, and who in the midst of absorbing work and constant calls upon her time is calm and cheerful and self-possessed, such a nurse is not easily found, nor is her training the work of a single day. Yet the girl who is earnestly striving to be worthy of herself and of her profession, allows no day to go by without learning the great lessons it teaches, and so advancing a step along the road to success. She is conscious that when she has succeeded, she will have secured great peace and happiness for herself and be able to give of her best to everyone entrusted to her care.

## CHAPTER V

### FIDELITY TO RELIGIOUS DUTIES.

*"To God the things that are God's."—Luke 20-25.*

WHEN a nurse has passed her final test and has obtained her certificate she is supposed to be equipped for every duty a nurse may be called upon to undertake. This may be true, so far as professional knowledge and skill are concerned. It must, however, be remembered that the certificate is no guarantee of a nurse's real fitness for the profession. A nurse may graduate with success and yet be a failure. She may have the right to wear the uniform, yet prove unworthy of it. Many qualities go to the making of the perfect nurse, about which the examiners do not concern themselves. Some of these qualities have been pointed out already. It has also been shown that their acquisition constitutes a part of the nurse's training in which she herself must play a leading part. But there is one qualification needful beyond all others in every Catholic girl who would be a nurse. It is a good, solid, religious character. All who have experience of the nurse's life agree upon this. They rightly regard religion as the sheet anchor of the Catholic nurse's life. The reasons for this are not far to seek.

In the first place, our Catholic nurses must take their places worthily as Catholics, both in their profession and in the world. This is expected of them. Some nurses come from Catholic training schools. These have in their keeping not only their own good name, but also that of their Catholic school. Others not trained in such schools are, nevertheless, Catholic nurses. From what-

ever school they come, they all enter upon their careers professing the Catholic faith. They have before them its ideals, are enriched by its blessings, aided by its graces, and bound in conscience by its obligations. It must be the aim, therefore, of every Catholic nurse to live up to the standard demanded by her faith. The nurse who allows herself to fall deliberately below this standard fails in what she owes to God and to herself. She also proves herself unworthy of the great profession she has chosen. Furthermore, she becomes a source of scandal to those of the faith, as well as to those who, though not of it, know quite well what its duties and obligations are. The Catholic nurse can never pass for one to whom religion counts for nothing or to whom its teachings and practices are of no concern. On the contrary, if she is to be worthy of the name of Catholic, she must realize all that her religion means to her. She must never shirk its duties, nor show herself wanting in that fidelity which her religion demands of her. She must not let human respect prevent her from fulfilling its obligations, nor allow the opinions of others to weigh against the dictates of her own conscience or the teachings of her religion. She must stand fearlessly and faithfully before the world as a sincere and earnest Catholic nurse.

In the second place, the Catholic nurse has to live and to work in a world in which her faith may be exposed to considerable danger. This affords another reason why the religion of the nurse must have a solidity and a depth beyond the ordinary. As a nurse, she has to meet with all classes of men and women. They will have different religious opinions. Many will have none at all, or will despise and condemn all religious beliefs. The nurse



meets these people not in the casual passing to-and-fro of railway travel or hotel life, but in the intimacy and freedom of family life while in attendance upon the sick.

The nurse will, therefore, hear religion discussed. It is a subject in which men are greatly interested and of which they frequently speak. Some praise it; some attack it; some defend it; all talk of it. The nurse is unlikely to escape this. Religion will be discussed in her presence and she, most probably, will be brought into the discussion. She will be questioned upon Catholic teaching and practice. Her religion may be attacked, and she will be challenged to defend it, and besides the spoken word, so often uttered against our Holy Religion, there is the public press. In its pages, open hostility and misrepresentation are constantly displayed. Then there are vast numbers of books, flung broadcast upon the market. These take up the anti-Catholic chorus and carry it effectively to every corner of the earth.

The Catholic nurse has to face all this. She has to encounter this hostility to her religion and to meet the criticism of it. For much of her life she has to live and work in an atmosphere poisoned against her faith by prejudice, by falsehood or by malicious design. It is necessary, therefore, for her to be prepared for these conditions. It is required of her that she be able to endure them without unnecessary risk to her faith. Her position, therefore, demands more from the Catholic nurse than the simple practice of her religious duties. She must possess, in addition, a practical but thorough knowledge of her faith. This should be something more than the elementary knowledge which she obtained at school. It should be equal to the demands to be made upon her in

that world she must live in as a nurse. It should be such that she will find in it a protection against errors and fallacies and an answer to the ordinary attacks directed against the Catholic religion. It should also enable her to give, when necessary, a reason for that faith which is her most precious possession.

Another thought here presents itself. There is a danger in the very nature of her work to which every nurse is exposed. It is the bad effect upon mind and heart which the constant nursing of the sick may produce. It is quite possible for a nurse's work to injure her character. The constant association with the sordid side of life may spoil the more spiritual outlook which every Catholic girl should possess. To live in the midst of suffering, to be in constant attendance upon men in their worst and weakest moments, to meet death frequently may quite easily dull the edge of one's finer perceptions and feelings. The spirit of faith may be weakened, the insight into the supernatural may be dimmed, and the bonds of charity loosened.

This is the danger to be feared in nursing. Its effect upon the nurse is of the worst kind. In tone of thought it makes her material and worldly; in her feelings, cold, harsh, and unkind. In her outlook on life she becomes cynical and pessimistic; towards suffering she becomes heartless, callous, and even cruel. But it is not the profession which is here at fault. It is not responsible for an evil so destructive of all that is noblest in nursing, and most womanly in the nurse. It is not nursing, but the nurse herself who is to blame if she falls a victim to this evil. The fault is hers if she loses sight of the higher values of her life and work. She is to blame if she fails

to realise the deeper meaning of sickness and of death, or lets herself become case-hardened and indifferent to suffering and sorrow. It is, therefore, to her own efforts the nurse must look if she is to escape harm in the midst of her work.

To this evil, so hurtful to a nurse, there is but one antidote. It is a sincere religious spirit. This means a faith nurtured and made strong by the earnest practice of religious duties, and a charity that is enkindled and strengthened in the presence of suffering humanity. This spirit gives the nurse a deep sense of the supernatural. It endows her with a vision which can pierce the sordid aspect of disease and death. Armed with this spirit, the nurse will see in her work, not merely cases needing medical care, but also suffering humanity crying for that tenderness which only the woman of strong faith and Christ-like charity can give. If the Catholic nurse has this spirit of faith and love and is careful to guard it, she has nothing to fear. The environment of disease and suffering and death may injure others; they will not harm her. She will pass unscathed through the ordeal of a nurse's life and come forth from it more richly endowed with all the characteristics of the perfect woman.

But there is another side to this question. It is one which further emphasises the need for solid religion in the Catholic nurse. As in the case of the doctor's work, so in that of the nurse, there is the moral as well as the purely medical aspect of it. That is to say, in certain cases account must be taken, not only of what the medical diagnosis indicates or prescribes, but also of what God's law permits or enjoins. In another chapter this question is treated at greater length. But the fact that her work



so often raises serious moral questions, serves to show how needful it is for the Catholic nurse to be earnest in the practice of her religion. Only the firm conviction of the truth of what she holds and an inflexible will to carry out the dictates of conscience, can carry her safely through the difficult cases to be met with at times in the nursing career.

Lastly, the nurse's life is an irregular one. Its hours and duties cannot be defined with the precision possible in less arduous walks of life. The nurse has often to manage for herself as best she can. The demands upon her time and energy are in some cases unlimited. They are always severe. The temptation, therefore, to relax in her religious exercises is quite comprehensible. This is experienced by every nurse. The great danger is, that the enforced irregularity of hours and work may be made an excuse for a carelessness which soon degenerates into habitual laxity. Only those who are strong in faith and fervent in the practice of their religious duties can escape falling a victim to this temptation.

It is clear, therefore, that the girl who is to hold her position worthily as a Catholic nurse, who is to cope successfully with the dangers to faith and morals which so often arise in the nursing career, and who is to overcome temptation due to the irregularity of the nurse's life and work, has more than ordinary need of a deep-hearted and sincere devotion to her religion. In the highest and best sense of the word, the Catholic nurse must be religious. This does not mean that she must forsake the world and seek the cloister. But it does mean that, realising her religion as the most precious gift that life offers, she must love it and be proud of it. She must prize it above



everything. She must shield it from all dangers and expose it to no needless risks. She should hate heresy and guard herself against its spirit. Her mind should possess in all things a Catholic tone. Not merely in external things, but in all her heart and soul she should be absolutely loyal to her faith and work; in her attitude towards all questions which arise, she should endeavour to adopt the Catholic point of view. She should, in a word, value those things that Catholics prize most dearly, as for instance, the principle of authority and obedience, the need and efficacy of prayer, reverence for religion and for its ministers, the overruling Providence of God, and the supernatural destiny for which we have been created.

But her love and pride in her faith must be practical. This must be made manifest in her religious exercises, in the external conduct of her life, in her conversation and in her friendships. Hence, her religion must not be founded upon mere sentiment, nor depend upon routine and custom. Feelings are good and helpful, but they change and pass away. The discipline of everyday routine is a necessary part of training. But it ends with this period of a nurse's life. Feelings, therefore, and duties done out of mere routine, provide a very poor foundation for the religion which the nurse must possess. Her religion must be founded upon the deep conviction of a well-instructed mind strongly illuminated by faith. It must be founded upon the sincere love of God which places the things of God first and above all things. Only such a religion as this will stand the wear and tear of a nurse's life. Such a religion alone will enable the nurse to discharge her full duty towards God. It is the nurse

who does this, who alone can give her best to suffering humanity without paying a price which would make herself bankrupt in soul.

## CHAPTER VI

### DRUGS AND ALCOHOL

*"The leprous distillment: whose effect  
Holds such an enmity with blood of man."*

*—Shakespeare.*

THE drug habit is a well-known evil of modern life. Unhappily, it is an evil which is not confined to one sex nor to any single class of society. It is an evil which seems to be increasing in the number of its victims and in its virulence. The danger arising from the use of drugs and from indulgence in alcohol is one that may beset the nurse at any stage of her career. It is well for her, therefore, to be warned in time and to be on her guard against it. This danger is insidious. It is like a thief: it enters into one's life stealthily. It is often present in a deadly degree before the victim is aware of the danger, and it is often upon the hardest working nurse that it lays its unholy hands.

The habit of taking drugs or drink has very small beginnings. These are looked upon as quite harmless; yet they end—end too frequently in the formation of a habit. This habit only too surely does its terrible work. It destroys its victim. There are different kinds of drugs. Some are known as narcotic drugs. In this category, several names are included—morphia, cocaine, chloral, antipyrine, and many others alike in their nature and in their effects. Besides narcotics, there are other drugs such as bromides, trional, etc. These drugs are commonly used as sleeping draughts, and their use as such is a frequent experience of every nurse. Another drug which is very dangerous is alcohol. This is the most

plausible and seductive agent known. The temptation to indulge in it is often very great. It is sought for the sense of well-being it produces and for the apparently stimulating effects it exerts upon the powers of mind and body.

It would be beyond the necessary limits of these notes to treat in full detail the nature of all these drugs; a summary of their effects upon the human system will suffice. This will serve to warn the nurse against the evil of indulging in them herself. It will also help her to exercise a restraining influence over others whom she may find tempted to use them.

The use of drugs, even in small quantities, limits the range of thought, and weakens the power of judgment. Under their influence the brain is more or less paralysed. In spite of appearances to the contrary, mental fatigue is increased by drugs. The apparent increase of power has been proved by experiment to be delusive. It must also be remembered that the temporary activity so often experienced is followed by a reaction of the whole nervous system. The wretchedness and depression which follow the use of these drugs are evidence of this. Drugs also produce a violent disturbance of our emotions. This effect is a matter of too common experience. We see it strikingly in many cases of drunkenness. Speaking generally, the effects are these: The temper becomes irritable and factious; hysterical outbursts, denoting more or less complete loss of control, are common; timidity and strange fears manifest themselves; work becomes impossible, unless one is "wound up" (this means renewed indulgence); nervous prostration, especially in women, is frequent and comes soon; and the power of self-control



is much impaired. These effects lead to a deadening of the conscience and to a total loss of the sense of responsibility. Many of the drugs indicated induce the craving for repetition. This lessens the power of self-control and ultimately destroys it. The drunkard is a typical and too well-known example of this.

Drugs seem to dispel the sense of fatigue, but this is a deception. The point is worth noting. Much of the temptation to indulge comes from the feeling of relief which the drug actually gives. What really takes place is only a deadening of the sense of fatigue, that is to say, the drug acts as an agent which deadens the normal sensation. But the actual nerve strain and disturbance due to overwork, which we call fatigue, are still there. These are also cumulative in their effects, if rest and food are denied. Unfortunately, it often happens that recourse is had to the drug instead of taking the needed repose. The result is that the victim goes from bad to worse. A frequent result of even a moderate use of drugs is nervous debility. This effect becomes chronic very early in the case. It is more frequently noticeable in women than in men. Lastly, in all these drugs, it is the pleasant effects of deadened pain or fatigue which are most frequently sought. These effects can, no doubt, be had, but at what frightful cost? The temporary oblivion from pain, or anxiety, or fatigue is always followed by subsequent reaction. An increase of mental depression and physical wretchedness, accompanied very often by complete nervous collapse, always follow, while the action of the drug on the brain lessens its normal capacity for genuine enjoyment and pleasure.

There is a danger in alcohol which is not found in other drugs. It is the drug that is in commonest use. It is a stimulant which is most convenient and seductive. Other drugs may have in them the characteristics of medicine; they may be associated with efforts to allay pain or to produce tranquility, but the use of alcohol is not confined to the sick room, nor is it controlled by the doctor's orders. Posing under the mask of hospitality and conviviality it has interwoven itself with our social customs from birth to death. Therefore, not only because of the harm it can do, but because of its widespread use in social life, it is, perhaps, the most dangerous of the drugs for the nurse. Now the nurse's office and duties are so great and so responsible that she must exercise the utmost caution in regard to all drugs, alcohol included. Where drugs are concerned, no person engaged in nursing can afford to take risks, for there are few careers such as this in which the exercise of self-control is so necessary. To do her work successfully the nurse must have absolute control over her impulses, passions, cravings and appetites. She is the best nurse who is best self-governed. She is most worthy of her profession who in every circumstance of her life can be relied upon to act according to reason and conscience.

Again, the nurse must always be fit in body and mind. The strain of work, the frequent emergencies that occur demand this imperatively. The nurse must have clearness of mind and steadiness of judgment to decide quickly and to act with decision in times of crisis. Her nerves must be steady, her emotions well controlled, and her manner quiet and subdued. Conversely, how useless and even harmful the jaded, nervous, excitable and weak-

mind nurse would be is perfectly evident. The smallest experience makes it abundantly clear. Hence, whatever tends to undermine, weaken or destroy this self-restraint, or is injurious to thorough fitness of mind and body should be the object of the nurse's fear and detestation. She is in duty bound to avoid it. Before God and man, the girl who takes upon herself responsibilities involving the well-being and even the safety of others is absolutely bound to put away what she knows will destroy her efficiency and wreck her capabilities.

But there is nothing more inimical to a nurse's character or more destructive of her powers of mind and body than indulgence in drugs. Drugs and alcohol are the irreconcilable enemies of the nursing career. There are few careers, therefore, where total abstinence is more imperative than in the career of a nurse. The surest safeguard for the nurse is to abstain completely, not only from alcohol, but from every kind of drug, even from those she will be thoughtlessly told are innocuous. It is not her own life that is at stake, but the lives of others. Again, her reputation and that of her profession are in her hands. Alone and unaided she stands with these weighty responsibilities upon her. It is clear, therefore, that she dare not risk all these for the sake of temporary pleasure, or the momentary relief from the pressing pain of fatigue.

One might doubt the truth of all that has been written here and set it down to exaggeration. Unfortunately, we know that it is all borne out by facts—the saddest facts recorded. Every profession has had its victims of this evil and, the nursing profession has not been an exception. Let each one therefore upon entering this noble

calling take heed and be warned in time. Let the nurse resolve that nothing which can happen to her will make her expose herself to the danger of having her name added to the list—already too long—of those who have ruined themselves and dishonoured their profession, by becoming victims to drink or to the deadly habit of the drug.



## CHAPTER VII

### UNLAWFUL WORK

*"Murder most foul as in best it is  
But this most foul, strange and unnatural."  
—Shakespeare.*

THE question of unlawful work is one which presents many difficulties, but it is one which no well-instructed nurse will leave out of account. One must recognise the existence of the evil and the danger to the nurse which may arise from it. Though it is hoped that our readers may be spared serious trouble from this source, yet it were foolish to neglect to learn how this matter may be dealt with, should it present itself.

Unhappily, it is a fact that there are some medical practitioners who are untrue to the grandeur of their calling. To these men the life of the unborn child is not sacred. It is also true that there are women who do not hesitate to avail themselves in an unholy way of the unscrupulous conduct of such doctors. These cases have nothing to do with medical practice as such. The end in view is to escape the consequences of misconduct, or else to evade the duties of the married state. With this object, these two classes of men and women are united in their efforts to destroy human life by the destruction of the unborn child. To achieve this purpose, two means are generally resorted to. Either a certain operation is performed, or recourse is had to the use of drugs. These drugs are quite distinct from those treated in the preceding chapter. They are not narcotics, but to them is attributed the power of procuring an abortion. It is with this intention that they are used.

In regard to unlawful work, the nurse's course is perfectly clear. She can take no share in actions which set at defiance the laws of God. She is strictly bound in conscience to refuse her services. If she acts otherwise, she becomes a partner with the doctor and the patient in their guilt, and this is nothing less than the guilt of murder. Such conduct in this respect is clearly immoral and is indefensible on every ground.

But there are other cases which are really clinical in their nature. They arise from conditions which present themselves sometimes during pregnancy. Such, for instance, is the case of a pregnant woman dying of hyperemesis or of toxic eclampsia, or of tuberculosis. In these and similar cases, immediate abortion is sometimes recommended on purely medical grounds and regardless of whether the child is viable or not.

But the cases to which we have referred cannot be treated on medical grounds alone. From the nature of things, moral issues are involved. Hence, besides the purely scientific reasoning governing the case, account must be taken of the law of God which rules our moral conduct. The reason is clear. Physiology teaches that the ovum discharged from the ovary and fecundated in the Fallopian tubes is substantially free from its mother's organs. That is, it is an individual being. As Catholics, we know that it has at that moment an immortal soul. Consequently, it has the moral rights of a human being. Even by non-Catholics, it must be admitted that the foetus has now all it will have as a born child, all that gives a viable child the right to live. It may be added that the civil code recognises this right, for it makes the child a possible legatee from the moment of its conception.

It will be recognised, therefore, that our actions in regard to the foetus must be governed by the same moral laws which rule our conduct amongst one another in life. The foetus, from the moment of its conception, is protected by the laws of God and man which declare: "Thou shalt not kill." In other words, any action directly intended to kill the foetus is unlawful. Such action violates the fifth commandment. "We are to bear in mind," writes Dr. Austin O'Malley, "that the human embryo in the womb, no matter how young it may be, is as much a child as the week-old babe, and because it is a human being it has all the rights of a human being to its life." Now, in dealing with these cases which affect the rights of the unborn child, the teaching of the Catholic Church is quite clear. Without going into the ethical or moral principles underlying the whole question, the Catholic teaching may be thus summarised:

1. Any action which aims directly at the destruction of the life of the foetus is unlawful.

2. An action which does not aim directly at the life of the foetus, but which may entail its death, is permissible, provided there are sufficiently grave reasons to perform it.

3. If there is a real doubt concerning the presence of the living foetus, the benefit of the doubt is to be given to the mother. An action which would kill the child if present, may under these circumstances of doubt, be undertaken, provided again that there is sufficient reason for such action.

Of course, the operation known as the Cæsarian Section is always quite lawful. Craniotomy in the case of a foetus which is certainly dead, and the mother's life in



danger, is perfectly good practice. Furthermore from the second principle laid down, it follows that if a pregnant woman is suffering from some disease calling for an interference which may produce abortion, the doctor may employ such treatment, provided his intention and the primary object of his action is not to kill the foetus but to cure the patient's ailment. The object of the treatment is to heal disease. The life of the foetus is not directly attacked. Its death follows only indirectly, from the doctor's action, and is neither wished nor intended by him. The teaching in this paragraph may be made clearer by recalling some examples of its application which may perhaps be more familiar. For instance, everyone knows that it is lawful to slay another in self-defence when there is no other means of escape. In this case, the primary intention is to save one's own life. Again, the captain of a ship may lawfully throw overboard the cargo if his ship is sinking. He does this with the intention of saving the lives of the passengers. It is outside his intention, in fact it is against it, that he destroys his neighbour's property.

One reason which is frequently urged to justify craniotomy or the induction of abortion is to save the mother's life. This is not a valid reason. No one may kill an innocent person to save another's life. No doctor, for instance, would attempt to kill the mother to save the child. He could be tried for murder if he did. With equal justice he should be tried for murder, if he slay the child in its mother's womb. It is certainly true that very difficult and heartrending cases may be met with. At times the death of the mother will seem inevitable,



unless action be taken to empty the womb. Yet no matter how hard the case may seem, the nurse must not flinch from the performance of what may be a very difficult duty indeed. She must always refuse to cooperate with an action which no amount of hardship can justify. After all, in motherhood, as in other walks of life, the element of sacrifice must enter. Here as elsewhere, it may present itself in its highest and greatest forms. The soldier on the battle field, the miner underground, the sailor at sea, even the trained nurse herself, all these must be prepared to lay down their lives at the call of duty. Is it to be wondered at that sometimes the same demand is made of mothers in the discharge of their tremendous task? Where is the mother, really worthy of the name, who would not prefer to die a martyr to duty, than to live and have her conscience branded with the guilt of murdering her own offspring?

It should be clearly recognised, however, that the ultimate responsibility in all these difficult cases rests with the doctor. Nurses will do well to remember this, and it will help them to form a correct opinion as to their proper duty. It is a fact that few, if any of them, will be in a position to form a competent judgment on the merits of each case. They will be ignorant of the complete history of the case, and they will be still more ignorant of the laws of medicine which govern it. In such circumstances the nurse is free to obey the doctor's orders. Only in cases where no reasonable doubt exists as to the illegality of the operation or treatment is she bound to refuse her services to the doctor.

A word of caution to nurses may be in place here in connection with this subject. Nurses should always be

very careful in drawing conclusions from what they see. Sometimes through their ignorance, they are guilty of very rash judgments against both patients and doctors. Because a doctor prescribes certain drugs to a pregnant woman, they conclude he is necessarily using an abortifacient, or if a woman has to undergo a curettage, or comes in with an abdominal tumour, she is at once despised as being immoral. Nurses must take great care not to let their constant association with sordid surroundings spoil their healthy outlook on life. True charity "think-eth no evil."

Lastly, if a nurse should attend an operation in ignorance of what is to be done, and if she discovers the real nature of it only when it is partially accomplished, she may then remain to the end. She may also, of course, continue to nurse the case afterwards. Her action in this case, therefore, is not cooperation with the wrongful action of the doctor, but an effort to restore the woman to health. It would be well, however, for the nurse to refuse all further work from such a doctor. The medical profession as a whole has a deservedly high reputation. Its members are earnest, thoughtful and cultured men. But in every profession, unfortunately, there will be found those who are unprincipled and those who are ignorant. The nurse will do well to leave these severely alone. By doing so her practice will not suffer, while her peace of mind and her reputation will certainly gain.

Besides these cases connected with medical practice there are others which a nurse may meet with. For instance, a nurse will sometimes be approached by others and asked to administer certain drugs with the evident intention of procuring abortion. It may be the case of a

young girl who has been led astray and who pleads her ignorance of what she has done, or the disgrace impending to herself or her family; or, again it may be a married woman without any conscience who wishes to be relieved of the burden she is carrying. It is well here to remember that no drug will produce abortion with certainty unless taken in doses that are dangerous to the mother. But the intention or object of taking the drug is sinful; therefore, the answer of the conscientious nurse can be one only. She must absolutely refuse to comply with the request. It is as much of an act of murder to destroy the life of the foetus by administering drugs as to crush its head with a forceps. In both cases an innocent life is destroyed and murder is committed.

The Catholic nurse should remember that in these cases she may often find an occasion of doing much good to her neighbour. Few stand in such dire need of assistance as the young girl who has been led astray. The help she needs is certainly not of the kind she may be seeking. But there are other aids which the generous-hearted Catholic nurse can easily bestow upon her. The nurse can, in the first place, interest herself in the case. She can show sympathy and make the girl feel she is not despised or outside the pale of civilisation. It may be possible to direct her to a proper home where she can remain till the child is born, and where her good name will be guarded. If the girl be a Catholic, the nurse will do well to put her in touch with the local priest or some religious order of nuns. In such ways the nurse can achieve a work of very great charity. She will not only succeed in preventing a great crime, but she will give the girl a new and a better start in life.



To know clearly her duty in these matters is of great importance to every nurse. For one reason or another she will often be consulted by women and asked to do what she should know is absolutely forbidden by Catholic teaching. These women think the trained nurse is well acquainted with methods of procuring abortion. They will take it for granted that she will consent to employ them and that in the hands of the trained nurse they are safe from all dangerous consequences. Perhaps, too, a natural delicacy will cause them to apply to one of their own sex rather than to a physician. But very often these people do not understand what they are doing and are frequently quite ignorant of the moral consequences of their conduct. They do not understand that their action really destroys a human life, that it is, in fact, the murder of their offspring. It is the duty of the well-trained Catholic nurse to instruct such persons and to enlighten them when the opportunity presents itself. She must refuse to have anything to do with such conduct, but in her refusal she may find the occasion of bringing such poor people to a better way of thinking. A kind word spoken at the right moment may achieve much, if the nurse who speaks it is herself earnest and sincere. Such a nurse will seldom fail to gain her point and save many from the misery and wretchedness which their misdeeds would certainly otherwise bring upon them.

It will be found that this subject is frequently discussed by nurses or by others in the presence of a Catholic nurse, and the various methods to undo the working of God's laws will be made topics of conversation. Their lawfulness, and even desirability, will be defended. But the attitude of the Catholic nurse must be always uncom-



---

promising. She is a Catholic and she is a woman. As a Catholic her faith and all she holds sacred condemn these practices. As a woman, her honour is at stake, and it is her duty to defend it. If there are women who think lightly of these matters, it is well to remember that this is no reason why Catholics should forget it, and join themselves to those who trample upon and dishonour woman in her highest privilege and most glorious prerogative—her motherhood. Fortunately, this sad side of her work is by no means one which can ever claim much of a Catholic nurse's time or attention; but it may provide one of the calls for unflinching fidelity to duty which she must be always prepared to meet.

## CHAPTER VIII

### THE BAPTISM OF INFANTS

*"Unless a man be born again of water and the Holy Ghost he cannot enter the Kingdom of God."—John 3-5.*

**I**N THE practice of her profession the Catholic nurse may find herself at times face to face with certain duties concerning the spiritual welfare of her neighbour. Although primarily engaged to tend to the bodily needs of her patient, yet she must never forget that the soul also has its needs. In sickness and especially when death is approaching, the soul stands ever in need of greater aid. It may well happen that the nurse alone can give this aid, or that she alone can procure it for her patient. Out of charity, she is then bound to do her best. These duties have certain difficulties, and with some of them we now propose to deal.

It is very advisable in the first place for a Catholic nurse to prepare herself to discharge properly the serious obligations which may fall upon her in the course of her nursing career, even though they are not strictly a part of her duties as nurse. In general, it may be said that the duties a nurse will meet with will be concerned with the three Sacraments of Baptism, Holy Communion, and Extreme Unction. It is with these alone that we shall concern ourselves in this and the two following chapters. It is well to remember that an earnest nurse may find many an occasion of bringing her patients to a better way of living and of getting them to approach the Sacraments more frequently. This is more efficaciously secured by the influence of the nurse's own life and character, than by anything in the nature of preaching or exhortation.

which would indeed be very much out of place. But a nurse who is penetrated with a deep conviction of her religion, who is earnest in its practice, who is lofty in her ideals, and who ever strives to live up to them will seldom fail to win her patient to a better and holier way of living.

Regarding the administration of the Sacraments to the sick, and the duties the nurse may have to perform, we shall take, first, the consideration of Baptism. Cases sometimes arise in regard to the administration of this Sacrament which may present practical difficulties to the nurse. Our Holy Faith teaches us that Baptism is necessary for salvation. Hence, it becomes an imperative duty on the part of those responsible for the infant child to procure this grace for it. This duty rests primarily on the parents, but if they neglect their duty the case may arise when others, and among them the nurse, must see to the baptism of the child. When the nurse finds herself in this position she must out of charity do her best for the infant, and if necessary, she must baptise it herself. Generally speaking, the cases that a nurse is likely to meet in regard to this Sacrament are briefly these:

(a) First, we may suppose the child born is strong and healthy. In this case, the nurse can never be wholly responsible for its baptism. However, where Catholic parents are either ignorant or careless, it may happen that, if the child is to be baptised, only the nurse can secure this being done. The safest course for her to adopt is to inform the local priest and be guided by him in the matter. Tact and discretion are also necessary in dealing with the parents, who otherwise may oppose or

resent the interference of the nurse and so prevent her from securing the baptism of the child.

(b) Secondly, the infant may be born in a weak condition and in danger of death. A priest should at once be sent for and his arrival awaited, provided there is no danger of the infant dying in the interval. The doctor or, in his absence, the nurse, must decide this question. If it is impossible to send for the priest, the doctor, if he be a Catholic, should baptise the child. The nurse, if she knows he is a Catholic, should have no difficulty in reminding him of his duty, and asking him to baptise the infant. His anxiety for the safety of the mother may easily cause him to overlook the needs of the child. If he be not a Catholic, or if he refuse or delay for any dangerous length of time, the nurse should baptise the child herself. It cannot be too clearly emphasised that, in these cases, moments are precious, and no time is to be lost. A knowledge of what to do and decision in doing it are essential.

It is well to remember that a nurse should baptise the infant of Protestant parents *provided it is in a dying condition* and when the minister is not sent for. The reason why a nurse may baptise in these cases is that it may be presumed that the parents, if they realised the necessity of baptism and the inestimable benefits it confers upon the infant would not object to the nurse conferring the Sacrament under the circumstances. The nurse should always act quietly and without ostentation. Every Catholic nurse would do well to practise once or twice upon a dummy the manner of conferring this Sacrament. It is quite a simple matter; but its importance is so great that it is wise to take all precautions against making a



mistake when one is suddenly called upon to act. The young girl about to enter upon her career as nurse should make use of a doll and go through the action of baptising it. Having put some water in a small vessel, she should pour the water on the head of the doll saying, *while pouring the water*, "I baptise thee in the name of the Father and of the Son and of the Holy Ghost." By taking this simple precaution, she becomes familiar with the method of conferring this Sacrament and will find herself quite prepared for any emergency that may arise in the sick room.

(c) The third case we shall consider arises in connection with what is called "miscarriage." Here the difficulties are greater and, as usually there can be no question of getting the priest, it becomes all the more imperative for the nurse to know how she is to act. It must be borne well in mind that every living foetus is a human being. The reason is that, from the moment of perfect conception, the human soul is present. It follows, therefore, that every effort should be made to baptise the foetus whenever it has been discharged alive. In regard to all cases under this heading the following are the principles by which a nurse should guide herself:

(1) If the foetus is discharged during the first period of pregnancy, that is, before it is viable, it is always, if living at all, to be considered in *articulo mortis*, i. e., on the point of death. By the first period is meant the time of pregnancy up to the seventh month. Hence, in this case, if Baptism is to be conferred, it should be done conditionally, i. e., "If thou art capable of Baptism, I baptise thee in the name of the Father and of the Son and of the Holy Ghost." Conditional Baptism is conferred

where there is a doubt about the validity of the first baptism or where doubt exists (as in the present case) of life being present. As Baptism can be conferred only once, the effect of the condition is that, if the first Baptism be valid, or the person be actually dead, no baptism is conferred. On the other hand, if the Baptism be invalid or the person be still living, then the conditional Baptism becomes effective. The words "If thou art capable," etc., are not essential. Any equivalent form of words may be used.

(2) It is to be noted that there is a greater chance of life being present when after a brief travail or labour the foetus has been quickly ejected.

(3) In all cases due to miscarriage, Baptism is to be conferred by immersion after the bursting of the membranes in which the foetus is involved. The doctor, or in his absence, the nurse should take the whole substance discharged and immerse it in a basin of clean luke-warm water. The membranes, if they are not ruptured, should then be broken. Liquid will then discharge into the basin and water will flow in to take its place. As this water flows in and while moving the foetus about in the basin, the person holding it should say the words, "If thou canst be baptised, I baptise thee," etc.

Where miscarriage has occurred it must be remembered:

(1) If the foetus is certainly dead it should not be baptised, even conditionally. Signs of this would be discolouration, its putrid state, or the odour. If a doctor be present, his judgment will be a sufficient guide on the question.

(2) Time should not be wasted in prolonged investigation as to whether the foetus is dead or alive. In cases of doubt give the benefit to the foetus and baptise it conditionally.

(3) It is useless to baptise without breaking the membranes as these belong to the mother's body.

(d) The fourth case in which difficulty arises is when the child, though living, cannot be delivered alive. Here, of course, reference is not made to the unholy efforts that are sometimes used against the life of the child unborn. We refer to the natural results of difficult parturition. Here again all that is possible should be done for the infant by the doctor or the nurse.

At times a portion of the body of the unborn child can be reached. This enables Baptism to be conferred. It is sometimes called intra-uterine Baptism. This may be conferred by a nurse with ordinary skill and care. A tube is used to introduce the water to the portion of the child's body which is most exposed. The water may be luke-warm and sterilized and in just sufficient quantity to wet the body of the foetus. Care should be taken to pronounce the words of conditional Baptism while the water is flowing or touching the body of the foetus: "If thou art capable of Baptism, I baptise thee, in the Name of the Father and of the Son and of the Holy Ghost."

(e) The last case we shall touch upon is that where the mother dies during the later months of pregnancy. Her death is here supposed to be due to some disease not connected with her motherhood, as for example, pneumonia or heart failure. If she dies from a disease directly due to her state of pregnancy, it may usually be taken for granted that her child has pre-deceased her.

If it is possible to obtain the services of a Catholic doctor, the nurse should call his attention to the duty of baptising the foetus and ask him to undertake this duty. If no doctor is present, the nurse, after death has supervened, may confer intra-uterine Baptism in the way just described. But she must in this case be careful to burst the membranes which usually will be unbroken.



## CHAPTER IX

### HOLY COMMUNION OF THE SICK

*"Gift better than Himself God doth not know,  
Gift better than His God no man can see;  
This gift doth here the giver given bestow,  
Gift to this gift let each receiver be."*

—Ven. R. Southwell, S. J.

**I**T IS the desire of Christ that the faithful should receive the Most Holy Sacrament of His Body and Blood as often as possible. Needless to say, the sick members of Christ's flock are included in this Divine invitation. In keeping with the mind of her Divine Founder, the Catholic Church provides for the administration of this Sacrament, not only to the dying, but to those also who are sick. It is becoming, therefore, that the Catholic nurse should know what is required when Holy Communion is brought by the priest to the sick-room. She should also know what difficulties may arise in communicating the sick, and how they are to be dealt with. The following remarks will help her on any occasion she is likely to meet in the practice of her profession.

When Holy Communion is to be administered to her patient, the nurse should see that everything in the room is in order. However simple the surroundings, they should be as neat and clean as possible. Special care should be taken to see that everything pertaining to the cleanliness of the patient is attended to in due time and that the bed clothes are neatly and properly arranged. In the room itself the following preparations should be made as far as circumstances permit:

(1) A small table should be placed near the head of the bed, yet not so as to impede the approach of the priest to the patient.

(2) The table should be covered with a white cloth and upon it should be set a crucifix between two candles.

(3) A small glass of holy water with a sprig to sprinkle it and a small glass containing about a table-spoonful of ordinary water should also be provided and placed on the table. Flowers may be used, but are by no means necessary. When the priest arrives at the house the candles should be lit.

On entering the room the priest proceeds to the table and places upon it the pyx containing the Sacred Host. He then blesses the room and sprinkles holy water. All present should kneel while he does this. After the blessing, if the patient is to go to confession, all withdraw and await outside the signal from the priest to return. When Communion has been given, the priest dips his fingers into the glass of water and gives it to the patient to drink. The nurse should then be in attendance to assist her patient to drink this water or, if need be, to receive the glass from the priest and give it herself to the patient. If, for any reason, the patient cannot receive the water, the nurse should inform the priest of the fact. When Extreme Unction is to be given, the priest will then proceed to anoint the patient.

### SOME DIFFICULTIES IN REGARD TO COMMUNION OF THE SICK

It is quite evident that the reverence due to the Most Holy Sacrament makes it imperative to shield it to the utmost from any accident and from any irreverence, how-

ever unintentional, on the part of the person receiving. Special care is, therefore, at all times exercised by the priest when administering this Sacrament to the sick. From the nature of many diseases a danger may often arise when a sufferer receives Holy Communion. In some cases its administration is prohibited. The priest will accordingly have to depend frequently upon the nurse for that information which will enable him to judge what is the proper course to pursue.

It will help nurses to answer the questions of the priest if they keep before them these facts. A patient cannot receive Holy Communion who is subject to frequent fits of vomiting. But it is necessary to distinguish between the various causes of this trouble. If the vomiting comes from the inability of the stomach to retain food, the nurse may test her patient before the priest arrives, and this she may do by giving the patient a small particle of food. If this is retained for about half an hour, it will be safe for the patient to receive Holy Communion. If, on the other hand, other causes are responsible, freedom from vomiting for a much longer time is required. In these cases, not less than five or six hours will suffice to give security in the administration of the Sacred Host. In some cases, tumor of the brain for instance, vomiting may occur independently of the taking of food. It would, accordingly, be difficult to foretell when vomiting might take place; consequently, it will not be possible to communicate the patient. It will be the duty of the nurse to give the facts to the priest, and it remains for him to judge what is fitting and proper to do.



Another case, in which there is danger in communicating a sick person, is when the patient is subject to frequent and violent fits of coughing, the danger being enhanced when the coughing is accompanied by retching. The nurse's duty will be to report the facts of the case to the priest, who will then decide how to act. If Communion is given and the Sacred Host is swallowed, no anxiety need be felt on account of expectoration which may accompany subsequent fits of coughing. This expectoration comes from the lungs or the lung passage and not from the stomach. Should retching occur and the Sacred Species be returned, then the directions given below should be applied. If the patient has difficulty in swallowing, the nurse should notify the priest and mention the causes. If difficulty, for instance, comes from the parched state of the throat, the priest by applying some suitable remedy may still be able to give Holy Communion to the patient.

In spite of every precaution accidents will sometimes happen. For example, the patient may unexpectedly vomit soon after receiving, and in so doing may return the Sacred Host. If this should occur while the priest is still in the house, he should at once be called back to the sick-room. If he has left, the nurse must act herself. Should the Sacred Particle be clearly discernible in the vomit, the nurse should reverently place it in a clean vessel, or she may use a clean linen handkerchief to remove it. She will give this to the priest who should be immediately summoned. The vomit itself should be burned. If the Sacred Host cannot be discerned and there be yet reason to believe that it is present in the vomit, the whole should be burned.



## THE LAW OF FASTING FOR THE SICK

The general law of the Church in regard to fasting before Holy Communion is that the person receiving Holy Communion must completely abstain from food and drink from midnight. But some exceptions to this law have been made in favour of the sick. It is well for the nurse to know what these exceptions are and upon what conditions they may be availed of.

The privilege for the sick is that they may receive the Blessed Eucharist once or twice each week without fasting. In order that the sick may avail themselves of this privilege, the following conditions must be observed:

(1) The privilege supposes that the confessor has given his approval.

(2) The patient must have been sick for about one month and have no hope of a rapid recovery. It is naturally the duty of the confessor to decide if this condition has been fulfilled in any particular case.

(3) The food given to the patient after midnight must be of a liquid nature, though it is not forbidden to mix a small amount of solid food, such as bread crumbs or the like. Tea, coffee, milk, beef tea, etc., are all allowed. Medicine whether solid (e. g. pills or powders) or liquid, does not here count as food.

The nurse will remember that if the patient has been anointed there is no longer any obligation to fast. Each Holy Communion is given as Holy Viaticum.

## CHAPTER X

### WHEN DEATH THREATENS

*"Is any man sick among you? Let him bring the priests of the Church, and let them pray over him anointing him with oil in the name of the Lord."—St. James 5-14.*

**E**XTREME UNCTION is the Sacrament which Christ instituted to help men to die well. Naturally, it is a Sacrament with which those who tend the sick may frequently have to deal. As the administration of the Sacrament belongs exclusively to the priest, the nurse can be concerned only with the preparations necessary for it.

The teaching of our Holy Faith is that all Catholics who are in danger of death by sickness, should receive this Sacrament. The nurse will, however, do well to remember the important point involved in these words, "in danger of death," as used by the Church and by medical men. The Church means by these words that the patient is suffering from a sickness which may probably end in death. It may not do so. In fact, the Church prays that it will not end thus. But death is probable, and that is sufficient. Doctors, however, very frequently mean to signify by these words that the illness has reached a stage which places the patient beyond all human aid. It is, therefore, neither necessary nor advisable to wait till the doctors have given such an opinion of the case to send for the priest. Frequently, the doctors will not give such a decision till the patient is too ill to receive all the Sacraments which Christ intends especially to solace and strengthen him during his last hours on earth.

In regard to the immediate preparation for the Sacrament of Extreme Unction, the nurse has certain duties to perform. Reverence for the Sacrament requires all possible care to be taken in regard to the cleanliness of the body of the sick person, and in regard to the neatness of the room. As a rule, the priest brings with him all that is required. But besides the preparations already mentioned for Holy Communion, a small slice of dry bread on a plate, along with a small portion of lemon, should be placed on the table. It will be convenient to have at hand some water in a basin and a towel. During the actual anointing, the nurse should be ready to assist in moving the bed clothes, or holding the hands of the patient as the priest may require. Otherwise, she should join in vocal prayers for the sick person as directed by the ritual. The cotton batten which the priest has used should be burned.

A very important consideration is what to do to secure for the sick and, probably, dying person the proper dispositions of soul. This matter may lie completely outside the scope of the nurse's duties. But it may happen at times that if she does not act, no one else will act. In such a case, Charity comes in and urges her to do her best for the soul which is approaching the last great moment upon which so much depends. It may be remarked here that there are few things about which so much ignorance and, one might say, prejudice exist in matters religious as about Extreme Unction. Strange to say, this feeling is to be found even among really good Catholics. People naturally fear death, and consequently, they fear what they look upon as the immediate preparation for death. Hence, to them the reception of the Last Sacra-



ments appears as a sort of death sentence. This misconception of Extreme Unction exists not only among patients, but it is to be found even more frequently among the relatives of the dying person and among doctors. There are Catholic doctors who seem prepared to let their patient die without that preparation for death ordained by Christ Himself. The reason is given that the shock will injure the patient; or that it would be unwise to mention such a matter to the sick person, as no good could come of it. At times, the relatives will not admit the approach of death, however obvious it may be. Like some patients, they suffer from delusion as to the seriousness of the case, and so keep putting off the painful task of telling the truth and helping the patient to make provision.

What, under such circumstances, is the duty of the nurse? Certainly, she may find herself at times in a difficult position. She has the doctor's order to obey. Relatives may be peevish and unreasonable to deal with. On the other hand, her knowledge and instinct tell her the case is serious. She probably knows that the doctor is fully aware of it. What, then, is she to do? In general, her aim must be to see that the priest is sent for in good time, in order that the Last Sacraments may be administered. To achieve this, she must use great tact. While the circumstances of each case must largely guide her in the course she adopts, she may regard first the temporal side of the question. There is, for instance, the need of calling relatives, and of setting in order temporal affairs. Then, as opportunity offers, the interests of the soul can be introduced and the necessity there is of preparing for Eternity. The course of the sickness and its uncertain issue may also be used as an argument. The



events of the previous days, the increased pain or gathering weakness, will aid the nurse in her efforts to secure her end, which is to bring all possible spiritual aid to her patient. As the days go by, and the ravages of disease make themselves more felt, she becomes less and less a nurse, only to become the Christian woman, anxious to aid the soul which is so soon to depart from the body already getting quickly beyond any assistance she can give. Or, to put it better, she merges her character of nurse into that of the Christian woman, standing by to give what aid she can to a human soul as it passes to the Great Eternity beyond. She has slaved for the body, yielding to death only inch by inch. Now that death is gaining the day, her role becomes greater and nobler. She is now to be a source of comfort and of strength to that soul till death comes and the Angels bear it away to the Throne above.

The circumstances mentioned are, perhaps, exceptional. More frequently the case will present itself where the patient has no religion, or it may be a non-Catholic religion; perhaps everything will be found in order and there will be no question of the nurse's interfering in any way. In the case of non-Catholics what is strongly recommended is that the patient be instructed to make an act of perfect contrition. At all times words of consolation and encouragement based on God's infinite mercy should be used. The standard of conduct here presented to the nurse is undoubtedly very high. But it is not higher than the exigencies which the nurse's life requires, nor is it above the demands which her Catholic Faith makes upon her.

Lastly, we may note that, if a nurse is to be of real value in the trying days and hours that precede death, she will have achieved this end only in so far as she succeeds in establishing a bond of union between herself and the doctor and the relatives, and also in gaining their confidence by proving herself a true nurse and a true Catholic woman. This presupposes more than is apparent. It implies that all the lessons of early training at the hospital have been carried out during the years of hard work that have followed. It means, furthermore, a constant watchfulness over self, and an exalted ideal of the nurse's calling which, once it is rightly apprehended, has never been allowed to grow dim. Lastly, it implies that religion for the nurse must be something genuine; not a mere surface coating, nor a matter of sentiment, but a deep, thorough-going conviction which manifests itself in all its beauty and strength, as each phase of the case calls it forth.

## CHAPTER XI

### PRIVATE NURSING

*"Heaven make our presence and our practices pleasant to him."—Shakespeare.*

**A**LTHOUGH private nursing and hospital practice have much in common, yet these two fields of nursing differ greatly from each other. It is true that in both the same technical skill is required from the nurse. In each case the same spirit must animate the work. Whether in the home or the hospital the nurse, worthy of the name, will ever manifest the same spirit of self-sacrifice, the same activity, the same love of work and devotion to duty. Yet, with so much in common, it remains true that these two branches of nursing present striking differences.

In the hospital one is part of a huge machine. The nurse is not alone. She fits into a place to perform a certain duty at a certain time. The hours of work are regulated, and the work itself is well-organised and co-ordinated. Each sphere of duty is clearly indicated. There is neither clashing, nor confusion, nor overlapping. Again, others more experienced are always at hand, and upon their willing support and help those less skilled can always rely. Mistakes will occur, but they are easily rectified. In doubt or ignorance, recourse can always be had to wiser heads. In this way there is an abiding sense of solidarity which encourages those that are weak and acts as an aid even to the strong. It is true that individuality is of secondary importance in hospital work. The nurse goes whither she is sent; she assumes duty or relinquishes it as directed. At times she will find herself attached

to one department, later to another. No effort is made to consult her likes or dislikes, her aptitudes or weakness. She must be willing and ready for any duty at any hour of the day or night. It will thus be recognised that the work in the hospital presents itself as a whole. It may have its lighter and darker sides, but a certain sameness is characteristic of it.

In private practice, however, everything is quite different. Here the nurse works alone. Single-handed, she bears the responsibility for her case. She has no one to advise her, no one to control her, no one upon whose help and counsel she can rely. The doctor comes occasionally; he gives his directions, but these are for the most part brief and conditional. Between his visits the nurse must manage as best she can, with only her own judgment aided by her training to fall back upon. However, to deal with difficulties which are purely professional, the nurse is well prepared. If she is well grounded in the theory and practice of nursing she has nothing to fear. Her skill and knowledge, the fruit of years of training, will stand her in good stead. With ordinary diligence and care, therefore, she should be able to cope with any difficulty arising from her patient's condition.

But these are not the only difficulties to be met with in private practice. Many others occur through various circumstances surrounding the case. These call for much more than mere technical skill in nursing; and, perhaps, more than anything else, they mark the difference between nursing in hospitals and on private cases. Let us devote a little consideration to this matter.

In the first place, the nurse will find herself in the midst of strange and unfamiliar surroundings. In taking



charge of a case she enters into a new world, as it were, and this world has its own interests, its own immediate ties and relationships, its own anxieties, and its own peculiar outlook on life. For the time being, the nurse has to share intimately the lives of others. She knows nothing of these people, the circumstances of their lives, or the limitations under which she may have to carry out her work whilst among them. It must be remembered also that when she enters this new atmosphere, the nurse will seldom find it in a normal condition. Sickness, we all know, is a very disturbing element in family life, and quickly throws a household out of gear. There may have been long hours of watching by day, and trying vigils by night, at the bedside of the patient before the nurse was summoned. Anxiety as to the outcome of the illness is weighing heavily upon the mind and heart of everyone, and this means that the nerves of even the very best will be sorely tried. Is it to be wondered at that the most good-natured, under such circumstances, will show signs of the strain they are enduring?

From the point of view of the family, the coming of the nurse is in itself an additional anxiety. Strange to say, the trained nurse is still regarded by many with the same dread with which the ordinary mortal regards the doctor. Nurse and doctor are, indeed, necessary accessories when the drama of human suffering is to be staged. All admit this, and only the dire necessity of the case compels people to open their doors to either. The nurse or the doctor are gladly welcomed, but only as the less of two evils. Besides this the nurse's advent frequently demands considerable sacrifice of those who enlist her services. There is, for instance, the material sacrifice to

be made; for to engage a nurse means to pay a heavier bill in the end. But apart from this, even in cases where the financial question is of no consideration, the nurse's coming often means a very great sacrifice for those who deeply cherish the sick person. One can readily understand the pain and incertitude which must be experienced in handing over a precious life to the care of an absolute stranger.

There are many who are still old-fashioned enough to regard the nurse as an intruder, an innovator, and, possibly, a usurper. In days gone by the tender mother, the loving wife or sister, or the faithful old servant nursed the sick of the family. It was their right and their privilege, and unbounded love made amends where it could for the want of science and the absence of skill. But modern methods have swept away all this. It may have been ruthless to do so, but it was necessary. In the best interest of the patient, the love and devotion of wife or mother or sister have been replaced by one clad in white, highly-trained and thoroughly efficient, but, withal, a stranger and an outsider. Add to this that from the moment of her arrival the nurse reigns supreme. She disposes of every one and everything as she likes. She takes complete control. Everything even to the last detail is subject to her arrangements. Everyone is ruled by her masterful will. Now, it so happens that while education and custom may cause people to resign themselves to the trained nurse, and though they willingly call upon her and recognise in her an added blessing in life, her arrival may cause a very genuine heartache in those to whom her patient is so dear. If we look within ourselves the reasons are not difficult to assign. No doubt the nurse brings

a sense of comfort and of strength. Her very presence is an assurance that the best is being done for the patient. People willingly yield up to her a responsibility they feel themselves powerless to carry. Yet the fact remains that the giving up of what nature instinctively regards as an inalienable right—the personal care of those that are dearer than life—creates in many hearts a very real and incommunicable distress. Though necessary it yet remains a sacrifice.

The experiences, therefore, of a nurse entering upon private practice will be utterly different from those of her hospital career. In the rather bewildering surroundings of her cases, alone and unaided, the nurse has to take her bearings and find out the true path to follow. It is not an easy task to measure tactfully and prudently her sympathies with those around her, and at the same time to do for her patient all that her art and the doctor require. The nurse has to learn as she goes. She has to adjust herself quickly and silently to the persons and circumstances about her, and while this may be difficult at first to one accustomed to the well-regulated life of a hospital, good-will, a kind nature, and earnest endeavour will ultimately conquer all difficulties, and quickly assure for the nurse the full confidence of the family and the ready obedience of the patient. It is abundantly clear from what we have stated that no hard and fast rule can be laid down for the nurse's guidance in these and kindred difficulties of private practice. In point of fact, no such rule exists, and it would be idle for the young nurse to seek one. But what is needed by every nurse, and what is quite sufficient to overcome all difficulties, is a strong character united to a sympathetic nature. That



nurse will always succeed who is sure of herself, who is confident of her own powers, who is capable of inspiring those around her with confidence, who is forgetful of herself and mindful of others, and who can sympathise with the weak and feel for the suffering. The most trying cases will find her ready and prepared. Her quiet confidence and patient self-control will make her proof against every annoyance. Every duty, however repugnant, will find her punctual and exact. At all times she will yield obedience and respect to those to whom they are due, and will demand and easily obtain them from those placed in her care. Cheerful and bright in manner, quick and understanding in sympathy, willing to help everyone, and grateful for every kindness she receives, she quickly gains everyone to her side, and secures the trust and goodwill both of her patient and of all others in the house. Not only will the feeling of dread which her advent evoked soon pass away, but she will quickly establish herself not merely in the family, but in the hearts of every member of it. She will at length be recognised as a messenger of joy and happiness, and will find everyone most willing to aid and to second her efforts for the welfare of the patient.

The nurse who during her years at the hospital has taken the pains to train her character and to develop in herself the qualities essential to those of her profession, need have no fear of the difficulties of private practice. She can face her future work in this career with a stout heart and a fearless mind, and while she will meet with inevitable trials and difficulties, her success in her career will be fully and perfectly assured.



## CHAPTER XII

### SOME DANGERS OF PRIVATE NURSING

“ \* \* \* *Give thy thoughts no tongue,  
Nor any unproportion'd thought his act.*”

—*Shakespeare.*

**A**LTHOUGH private practice has many anxieties and heavy responsibilities, yet it is undoubtedly an attractive career. Perhaps its compensations outweigh its shortcomings, as well as the exacting demands it certainly makes upon those who follow it. The comparative freedom of the nurse when off duty, the constant change and variety of her experiences, and the sense of power which private practice gives to its followers, are some of the reasons why this career proves so attractive.

Private nursing has also many advantages which institutional work does not enjoy. It certainly is the best means a girl can find to broaden her knowledge of her profession, of people and of things. It also develops and strengthens a girl's character more fully than the regular and secluded life of the hospital. But this career has also its dangers. In fact, in no other branch of nursing is one more exposed to temptation, and the worst of it is that while so exposed to dangers the nurse has to face them single-handed and alone. She has none of the safeguards of the hospital; she is without its supervision, the regularity of its life, and the helpful companionship of friends. These dangers come from various sources. For instance, a nurse's error of judgment may cause endless misunderstandings. This may lead to her resignation of the case, to her dismissal, or to bitter complaints following her from the home of the aggrieved patient. Again,

an over great sympathy with a neurotic patient may undo the doctor's work, or the same fault may give rise to jealousy and suspicions which render the nurse's life miserable. Or it may be an ill-guarded tongue which destroys the peace of the household, or makes an enemy of the doctor.

These are but a few of the dangers which beset the nurse on Private Duty. To attempt to deal with the subject in greater detail would far exceed the necessary limits of these pages. Against them all, however, the nurse must stand always on her guard. It has already been pointed out that while on duty the nurse's character is being constantly and severely tested. Nowhere is the test more searching and thorough than on private cases. It will be the nurse's fault as well as her misfortune, if a weakness be found in any part of her character, or if through lack of training she be taken off her guard.

There is, however, one danger which demands particular attention, and it is by no means the least of those to which a nurse may find herself exposed. It is all the more worthy of attention because it so frequently lurks in that which attracts most girls to this profession, that is, the relationship of the nurse to her patient. In this relationship the chief attraction of nursing undoubtedly lies. This is happily true of all real nursing. It will be the experience of every woman who follows nursing as a true calling, and brings to it that enthusiasm and earnestness which every true calling demands. But this relationship may prove the source of very real danger.

Now, the relationship of a nurse to her patient in the wards of a hospital differs greatly from that to be found in private nursing. In hospitals, cases too often sink to

the impersonal level of a numerical figure. "No. 5 Casualty," or "No. 10 Men's Medical," are descriptions to be heard in most hospitals. While they suffice, undoubtedly, as indications to all concerned, they are at the same time quite impersonal. In private practice, it is not so. Here, the personal element counts very much. In every case the nurse must come into closer and more intimate relations with her patient than is conceivable in the wards of a hospital. As a matter of fact, in this individual attention to the patient lies the chief excellence of private nursing. It is that which makes it such a powerful factor in the restoration of health, and so much sought after by all who can afford it. But however good and necessary in itself, this relationship of nurse and patient may also contain the seeds of temptation. It is true that both patient and nurse are exposed to danger. But here we are concerned with it from the point of view of the nurse, and so far as she must protect herself from it.

Yet, for fear of any misunderstanding, it must be insisted upon that the nurse cannot eliminate from her work this personal element. We all know the nurse one can respect, and admire, and fear, but can never like. She has been thus described by a modern writer: "Her emotions are carbolized, her heart is sterilized, her personality has the mathematical perfection of something turned out by a super-machine." One condones her existence because she is useful and intelligent. Such a nurse may have excellent certificates and a thorough knowledge of her work, but she lacks that human touch so essential in every true nurse. To attempt, therefore, to sheath herself in a coating of rules and regulations, or in a cold and impersonal manner towards her patient, or in a fixed



and rigid routine in the discharge of duties, is to show herself devoid of the best instincts of a woman, and wanting in those great but womanly qualities that go to make the perfect nurse. The interests of the patient, it must always be remembered, demand everything a nurse has to give. She must never forget that the nurse exists for the patient, not the patient for the nurse. Now, it is not easy to describe or to define how much patients are always seeking at the hands of the nurse, mentally, morally and physically. Perhaps only those who have had the exacting experience of a serious illness know how entirely the patient depends upon the nurse's kind management. And there are, indeed, few things the sick so crave as that ready sympathy and tender solicitude which the true nurse knows so well how to give.

On the other hand, how much the personality of the nurse counts in the successful treatment of disease is now well known. "The effect on a patient," says one writer, "of a woman whose sweetness and tenderness are rooted in great strength of character, whose perception of the needs of those dependent upon her is quick, and who is thoroughly trustworthy and cheerfully earnest in all she does, is enormous." A doctor, writing of his experiences in the late European War, puts the same truth in a more humorous way. "As a mere patient I would rather have a good nurse than a good physician, if I were so unfortunate as to have to make the choice. A surgeon is a dangerous fellow and must be treated with respect. But, as a rule, the physician gives his blessing, the surgeon does his operation, but it is the nurse who does the work." It would, therefore, be most unwise for a nurse, through fear of any danger arising from it, to eliminate this per-



sonal element from her cases. To do this would greatly injure her work, for it must enter into all she does. It is, in fact, essential to good nursing. But herein lies the danger. Having its roots in the devoted care and tender sympathy and successful efforts of the nurse, and in the dependence, gratitude and trust of the patient, this relationship of one to the other is as beautiful as it is noble. But it is quite possible to debase it. Carelessness, or giddiness, or the rashness that comes from self-conceit, may lead to much harm, even to lasting disgrace.

It is clear, then, how thoroughly every nurse should realise her position. She must have her eyes wide open to the dangers which surround her. She must stand always on her guard, not only against any word or action of her own that would be open to criticism, but also against the misleading word of flattery, the deception of passing emotions, or the mischievous wiles of unscrupulous persons. It is natural that in the nursing of male cases greater danger is to be anticipated. This danger will be present, not so much during the anxious days of serious illness, as during the long weeks of convalescence. Made as we are of flesh and blood, it is evident what great care is needed to avoid the danger arising from the close and protracted intercourse between nurse and patient which these cases necessitate. The nurse must not forget that she is really mistress of the situation. Upon her, therefore, rests the greater responsibility. Florence Nightingale says somewhere to her nurses: "Remember this great and dangerous peculiarity of nursing, namely, that it is the only case, queens not excepted, where a woman is in charge of men." Woman is sometimes spoken of as the weaker sex, but in the role of nurse, the

woman is really the stronger. Her fault, therefore, will be the greater if by look, or word, or manner, she leads another astray, or if, by weakness or cowardice, she fail to suppress the smallest deviation from the path of rectitude on the part of her patient.

It will be fitting to mention here the dealings of the nurse with members of the medical profession. It is to be presumed that every qualified nurse will have thoroughly learned her position in regard to the physicians attending her cases. She will know where her responsibilities begin and where they end. She will know the proper limits of her duties, and never attempt to exceed them. We may also suppose a ready willingness on the part of the nurse to show that respect and fidelity which the doctor in charge of the case has a right to expect. But granting all this, it must be remembered that intercourse with the medical profession may also prove a source of temptation to the nurse. This intercourse is necessarily frequent, and the nurse must meet the doctor in the patient's home, and she must often see him alone. So far as the medical profession as a whole is concerned, there will be little to cause anxiety to the nurse. Its members are gentlemen of honour, worthy of every trust. Yet, among them may be found those who are quite unfitted for their noble calling. Of such the nurse will do well to be most carefully on her guard. On her side, she must reflect that her danger is greatly increased if she shows any weakness of character, or allows unworthy motives regarding her future to influence her judgment or her conduct. The rules that should guide a nurse in her dealings with the medical profession are, therefore, quite clear. The same principles apply to her intercourse with

doctors as to that with male patients. The same circumspection is required in regard to both. If the nurse be self-respecting, and self-controlled, if she be careful to avoid all undue familiarity with the doctor and, at the same time, exercise prudence over all her words and actions, if she be quick and resolute in resenting anything that is unbecoming in word or conduct, she will escape all danger. She will guard intact both her own good name and her honour, and the good name and honour of her profession.

Finally, the nurse should always be most careful in her speech regarding the medical profession. She must not only guard herself from airing her opinion about the practitioners she has met, but show herself disinclined to discuss doctors with her patients, or to let herself be questioned about the relative merits of members of the medical profession. She can do herself immense harm, and affect disastrously her chances of future work by indulging in criticism of doctors. It is always most reprehensible on the part of a nurse to undermine by her words a patient's confidence in the attending physician. Nothing but the most imperative reason can justify a nurse in departing from her proper sphere of duty, which is to obey faithfully, and to support loyally the doctor attending her case.

## CHAPTER XIII

### SOME DIFFICULTIES OF PRIVATE NURSING

*"Politeness is like an air cushion. There may be nothing in it, but it eases the jolt wonderfully."—Anon.*

**I**T HAS been said that there is no hard-and-fast rule to guide the nurse in the varied difficulties incidental to private practice. This is quite true. In the last resort, it is upon her own intelligence and strength of character that the nurse has to rely. Her salvation is from herself. But there are a few practical questions which naturally suggest themselves in this connection. To the junior nurse who is entering upon her career of private work, it may be useful to touch briefly upon some of them.

The matters treated here are not by any means exhaustive. They are, as a matter of fact, nothing more than some fugitive and very commonplace considerations by the way. Their very simplicity, in fact, is one reason why they find a place here. One is likely to overlook what is simple, yet how often is it that the simple and commonplace contain the solution of many of life's biggest difficulties! In them is found the virtue of healing many evils, of clearing away misunderstandings, of disarming suspicions, and of reconciling those who are at variance. Foolishly, however, we overlook these seemingly simple things, and still wonder why our best efforts fail to meet with success.

(1) . The necessity for every nurse to possess tact and good manners may well take first place in these considerations. This may seem a very commonplace matter, indeed; yet who can measure its importance in a nurse's



career? As a matter of fact, the more clearly a nurse realises what is before her when she enters a household to nurse the sick, the more perfectly will she perceive how necessary it is to have good manners, and to excel in the saving virtue of tact in word and deed. Likewise, the more she grows in experience, the more will she understand what influence upon her work and upon her progress in her profession good manners really exert.

Undoubtedly, the true measure of a nurse is the measure of her spirit. This spirit means the serving of the sick with painstaking care and attention, a devotion which is unsatisfied till the best has been given to the patient, and a forgetfulness of self which ever yields that others may have. Such a spirit is expected of our Catholic nurses. But even though possessed of this spirit, something else is needed. As the gem, taken from the earth, has within it all its value, yet needs the cutting and polishing to give it the sparkling beauty that attracts the eye and makes it valued and sought after, so to the noble spirit of the profession which she possesses, the nurse must add the outward beauty of good manners and of tactful ways. How true this is, a very little consideration suffices to show.

It is very evident that, surrounded by strangers, with the needs of her patients calling urgently for her attention, and amid the confusion arising from the presence of sickness in the house, the nurse will have endless occasions of exercising the restraint and self-control and gentleness which only the well-mannered can always command. Again, there may be duties to do which require the skilful and delicate handling of others, if trouble is to be avoided. The nurse, for instance, may have to be-

gin by putting everything to rights, perhaps to restore cleanliness or to bring order out of chaos. It is clear that infinite tact is required to achieve this without wounding the susceptibilities of others, or appearing to criticise or to censure them.

Then there are the nerve-racked, anxious relatives who have to be considered and attended to. The nurse has also the task, sometimes a very difficult one, of replacing them at the bedside of the sick. She may have to restrain their well-meant but harmful ministrations to the sick, or to curtail the time they spend with the patient. Her more enlightened methods may not be understood or appreciated. Again, there are the doctor's orders to be carried out, which frequently are repugnant to the patient. They are sometimes even more repugnant to the patient's friends. Yet, it is the nurse's duty to see that these orders are carried out. She cannot shirk this responsibility, how unpleasant soever it may be.

It is in such situations, and they are the lot of most nurses, that good and thorough training shows itself. Then it is that the gentle manner and ready tact make their value felt. Generosity, self-denial, blindness to faults, taking burdens upon oneself, requesting instead of ordering, thanking even for acts that are of duty, being the first to do things with one's own hands, silence under provocation, evenness of temper and of voice—these are the often neglected virtues which may seem little things to some, but mean so much to others. And it is from these seemingly small virtues that big results always flow. When a nurse has these, together with an inflexible will in matters of principle, she will overcome

all difficulties. She will never fail. No situation will prove too much for her. In her service of the sick, she will secure the obedience of all around her, with the least amount of friction, and with the best results for all. She will soon attract people to her side, and not only will she quickly adjust herself to her new surroundings, but she will establish relations of confidence and even of friendship with every member of the household. Resentment will be banished, and timidity will give place to trust. Everyone will strive, not with reluctance, but out of zeal and love, to help her in the arduous work in the sick room. But if the nurse does not possess these qualities she will meet with constant trouble. Her stay in the house will be unpleasant; her work will be unsatisfactory and may be entirely profitless, and she will depart from the case conscious of failure, leaving behind her the memory of an ill-mannered, masterful, unfeeling woman, who, perhaps, meant well, but was quite unfitted to be a nurse.

(2) Another practical matter requiring the nurse's attention is the exercise of economy in her management of the sick. Complaints are sometimes heard that the trained nurse is extravagant, wasteful, and negligent of the property she uses. It is clear, therefore, how careful every nurse should be not to give ground for such complaints. The necessity for practising economy is felt by most families, and the exercise of this virtue constantly occupies their minds. As sickness makes special calls upon the family purse, the question of economy may be a very serious one. Hence, the mounting up of bills during a protracted illness is usually a matter of grave concern. The nurse if she be wise will not shut her eyes to these facts. Any extravagance or wasteful negligence on her part will cause much annoyance and will not easily



be condoned. The nurse must also remember that, on private cases, she has not behind her the large funds of a hospital. The waste, so often a feature of huge institutions, will not be tolerated in the restricted circumstances of family life.

It is essential, therefore, for the nurse to use at all times great judgment and care in her management for the patient. She is bound, of course, to secure for him all that is necessary in the way of change of linen, appliances and medicine. At the same time she should consider it a duty to curtail expenses and, so far as possible, to accommodate herself to the circumstances of the family. Heedlessness in this matter always rankles in the minds of those who suffer by it. The nurse who recklessly orders whatever she likes, who is extravagant in the use of things, who runs up a needlessly big laundry bill, or who allows chemicals to stain linen or furniture, will not find herself very much sought after. These faults will be remembered when her skill as a nurse and her attention to the patient have been forgotten.

A difficulty arises sometimes when a nurse is called to a case in an ill-equipped home. Supplies are inadequate, and the circumstances such that the nurse sees no means of obtaining what is needful. If the state of affairs is so bad that the nurse cannot do what is necessary for her patient, she may resign the case. It is one for the hospital. After all, private nursing is a luxury, and those who desire it must be ready to pay for it. But a clever nurse may succeed at times where others would fail. She will improvise many things which a less careful nurse would order from the stores. She will make the most of what is at hand, and she will enlist



the services of others in helping to provide what is necessary at a minimum of cost, and by good-will and ingenuity she will carry through successfully a case which a less-gifted nurse would resign, or else, in keeping it, would place a serious and unnecessary burden upon the family.

(3) In the next place, we may consider the status of the nurse in the private family. The position of the trained nurse is more clearly defined to-day than it was fifty years ago. It can hardly be called a vexed question in these days, for the nurse's status is now very generally recognised. Yet trouble sometimes arises over this question, and a nurse may need all her discretion and good judgment to know what is best to be done. At times the fault lies with the nurse herself. At others, the family is to blame. Some nurses are inclined, for instance, to stand too much upon their dignity. It is certainly correct for every nurse to demand the respect and consideration due to the members of her profession. Yet it is possible to err in this matter by making demands that are far too exacting.

It has been well said that too much dignity leads to poor nursing. In general it is the part of the well-trained nurse to show a readiness to oblige and a willingness to help. If she have the true spirit of her calling, she will think nothing beneath her which makes for the comfort or welfare of the patient, or the smooth working of the domestic machinery. She will generously render what service she can, unless it be manifestly such that no nurse should be asked to undertake. The nurse who is possessed of a kind nature which can forget itself in the presence of the needs of others, will never lower her own dignity or the dignity of her profession. On the con-

trary, she will quickly gain the esteem and good-will of those around her, and secure the very best conditions for her work in the sick room, for she will show that she not only has the skilled fingers and the medical knowledge of the trained nurse, but also possesses the kind and sympathetic nature of the true woman.

Sometimes, however, it will be found that nurses are not fairly treated by those who engage them. Nurses are not servants. They have a right, therefore, to resent being placed upon the same level with the servants of the household. Hence, a nurse may rightly refuse to take her meals in the kitchen or the servants' quarters. But a nurse must not go to the other extreme. She cannot claim to be a member of the family; neither can she claim to be a guest. She has not the rights or privileges of either of these. Provided she has her meals served in a decent and becoming way, she should be satisfied.

It is also unfair to nurses not to provide them with sufficient help. They have the right to that service which the nature of the house in which they are called to nurse renders necessary. In large establishments it would be quite impossible for the nurse to do all the work. She has a right, therefore, to the assistance of servants for the rougher portion of the work, and she should insist on obtaining it. In her dealing with servants, the nurse will need, of course, to show much consideration. She should rather make requests than issue commands. She should also be particularly careful to avoid making unnecessary demands upon those who are already heavily burdened. The nurse's arrival has probably already meant extra calls upon their service. Here, again, it is a

case of being kind, obliging and tactful. Given these qualities, friction will rarely occur.

In regard to the apartments assigned to her use, the nurse should show herself to be reasonable, for it is rightly expected of her that she will be ready to accept what is provided for her. Only where the apartments are manifestly such that no nurse should occupy them, may she refuse; but this will rarely occur.

In the cases mentioned in this chapter, and in others of a kindred nature, where human frailty may cause friction, it will readily be seen that the nurse must try to keep an even course between two extremes. On the one hand, she must neither make herself too cheap, not allow herself to be treated unbecomingly or in a way clearly not in keeping with the dignity of her profession. At the same time, she must not display a nature which is hard to please, which rarely puts itself out, which always seeks itself, and puts its own comfort and convenience before all things. Florence Nightingale said, some fifty years ago: "In private nursing the nurse is sometimes spoilt and sometimes 'put upon,' and sometimes both." These words are only too true in our own day. But if a nurse have the real spirit of her calling, if she be well mannered, tactfully business-like and wisely discreet, the kind and the generous will not spoil her, nor will she be imposed upon by those who are mean and selfish.

It will, therefore, well repay every nurse to study these matters, and to prepare herself for entering that world with which her work will bring her into such close contact. Success in private nursing depends largely upon whether a nurse is recommended by her patients. From what has already been stated, it will readily be seen that

the satisfaction she gives is her best advertisement. It will also be easy to recognise that her conduct in the household during the case will conduce more to this satisfaction than even her skill and knowledge as a nurse. Patients do not care much about a nurse's knowledge of her *materia medica*, but they do care immensely about how their meals are served, that they are not kept waiting for what they want, and that their families are not disturbed by one whom they have summoned in their hour of need. Therefore, the nurse must realise, when on her cases, that it is the many little gracious acts of daily intercourse which have smoothed out difficulties, given confidence to others, comforted those in sorrow, and brought bright looks to every face, which leave the lasting impression. These will be remembered and spoken of when the memory of the nurse's skill and knowledge have faded away forever.

..



## CHAPTER XIV

### NIGHT DUTY

*"Be wary, then: best safety lies in fear;  
Youth to itself rebels, though none else near."*

*—Shakespeare.*

THE service of the sick does not cease with the setting of the sun. It makes its demands by night as well as by day upon those devoted to it. The portion of a nurse's work which she gives by night is, in fact, very considerable, and at the same time very trying. As every nurse has to undertake this work, and to bear its responsibilities, it will be well to realise its difficulties and to prepare to meet them.

Night duty has problems of its own. Some are concerned with the scientific side of the nurse's work, and these, we may assume, have been studied during the years of training. They are, therefore, outside the scope of these notes. But night duty has other problems which are moral rather than scientific. These, it is true, are not without their own difficulty, and they are, consequently, worthy of consideration by every nurse.

In general, it may be said that night duty "tries out" the nurse's character in a most searching way. It is a far greater test of her powers than day duty can ever be. If there be a weak spot in her armoury the conditions of night work will find it out sooner or later. This fact lies at the root of all the difficulty and trouble which a nurse may experience in this sphere of her duties. Let us take one example. On night duty there is not that supervision to which the nurse is accustomed by day. She is necessarily left much to herself. She has few to help or

advise her. On private cases she is absolutely alone. The responsibility which the night nurse bears is, therefore, very great. The burden of this responsibility is increased by the fact that the night nurse has to carry out orders which of necessity must be conditional. For instance, she has to give or withhold medicine according to the state in which she finds her patient. Unaided, she has to decide what is best to be done. Again, the patient's condition may undergo a change, for unexpected developments often occur at night. The nurse will thus find herself in great doubt as to the proper course to follow. Should she ring up the doctor, or call the matron, and send alarming reports to the friends of the sick person? If she disturbs people, it may prove to have been quite unnecessary to do so; if, on the other hand, she does not call them, she takes responsibility for anything serious, or even fatal, that may occur before morning. What is best to be done will prove at times very harassing to the conscientious nurse.

These are some of the difficulties a nurse has to meet on night duty, and they are certainly sufficient to show how severely this service tests the character and judgment of the nurse. They also show that the nurse cannot rest satisfied with the merely scientific side of her training. She has to take in hand the training of her character and judgment, and this she must do with energy and perseverance. She must not rest till she is sure of herself, and can confidently face any responsibility that may be placed upon her in this trying part of her career. When we come to consider the matter, it is obvious that the responsibilities which the nurse must undertake when on night duty emphasise the truth of what has already

been written. They also make it clear how imperative it is for every nurse to make herself strong, self-confident, steady, and reliable in the discharge of every duty.

Let us take another example to illustrate our argument. The fact that patients are much more in the nurse's hands by night, will test another side of her character. The smallest experience shows how dependent patients then are upon their nurse, and how exacting is the attention they frequently require. It is during these hours that the sick often suffer most. They are wakeful and in pain; the hours seem to them so long; and the night appears as if it would never end. Some show themselves restless and irksome; some become nervous and excitable; while others, though suffering greatly, do so in silence, fearful of adding to the nurse's burden of work. It is only the watchful and attentive nurse who will notice these last.

It will be seen that to deal properly with such sufferers, much more is needed of the nurse than to be alert to detect a change of condition or to be skillful in applying a remedy. To rest satisfied with this would be to leave her duty but half accomplished. While doing all that medical skill and science demand; there are many other things no true nurse will ever leave undone. Such are the hundred and one small attentions which go to alleviate the mental and bodily sufferings of the sick. Now it will be to smooth or turn a pillow; now to ease an aching limb; now to adjust a bandage that is hurting; or again to comfort with a word of sympathy some wakeful sufferer, or to soothe by patience and kindness one that is restless and in pain. Or it will be some small attention, such as shading a light, preventing avoidable noises, or



quiet but frequent visits which are necessary on the part of the watchful nurse.

These are some of the incessant demands which night work makes upon the conscientious nurse. To meet these demands with good-will and alacrity is certainly trying and also a severe test of character. It is quite true that these small but exacting duties may be left undone. No one may be the wiser; the nurse may not be questioned about them; they may not be mentioned in the orders left for the night; yet the doing of them marks the difference between the truly conscientious nurse and one who is such only in name. Thus, while it is clear that night duty searches the nurse's character for her strength and for her power of judgment, it also tests her spirit of sacrifice and devotion to duty. The girl, therefore, who fails to train herself in those qualities of character which we have indicated, will find herself sadly at fault when called upon to undertake the service of the sick by night. She will certainly fail where success is most needed, although she may indeed escape serious consequences. The exact observance of the orders left for her will ensure this. But she will fail, nevertheless, in that higher ideal of nursing which is satisfied only when she has given of her best to the sufferers entrusted to her care.

Lastly, it must be remembered that there are many dangers and pitfalls which may entrap the unwary while on night duty. That the hour of darkness should present occasions of greater temptation is to be expected. To these must also be added the dangers attendant upon the nursing of male cases, and upon the intercourse between nurse and doctor which have already been dealt with. It suffices for our purpose to point out here that these



dangers are very much enhanced by the conditions of night duty. It is unnecessary to insist further on this subject, for the manifest dangers herein will be obvious to every girl who possesses rectitude and common sense. But besides these dangers, opportunities will be present for laxity in discipline. The nurse will be tempted to avail herself of these. For instance, she may be tempted to spend her time gossiping with others about the house, or to leave her ward, or her patient, unattended for a considerable time. Again, she may neglect her rounds, let herself be overcome by sleep, and fail to answer bells or carry out her orders. Worst of all, she may be tempted to cover up her failures by making false entries in her reports, or by not acknowledging her faults, if detected in them.

These are some of the temptations to which a night nurse may find herself exposed. In the light of what we have stated it is hardly necessary to point out how steady in character and how circumspect and vigilant every nurse must be who may find herself endangered by them. The night nurse above all others must have a character that is strong and impervious to the special temptations to which her work and its surroundings expose her. Only the nurse who is thoroughly reliable as well as absolutely honest, and who is also patient, gentle and kind, can hope to serve successfully the sick by night whether in hospitals or in private houses.

The beginner will do well, therefore, to fit herself by constant effort for those exacting duties which have been outlined. She must soon learn that the trained nurse will find in night duty an excellent means of testing her progress and of finding out how far she is following her

career in that fulness of spirit which her Catholic faith and her noble profession demand of her. Later on when experience shall have done its work, she will assuredly realise that the nurse who is faithful to her ideals, true to her principles, and thorough in all she undertakes, need have no fear of the difficulties or dangers of night duty.

## CHAPTER XV

### THE NURSE'S SECRET

*"Rien ne pèse tant qu'un secret."—La Fontaine.*

**H**IPPOCRATES, who flourished in the fifth century before Christ, is reported to have been the greatest physician of antiquity. It is stated that he is the author of what is known as "The Hippocratic Oath." Whether he is the actual author or not is uncertain, but the document itself is undoubtedly very ancient. As it contains the principles underlying the ethics of medical practice, it remains to this day an interesting and valuable inheritance from antiquity.

Among the promises to which the Hippocratic Oath bound the medical men of those days was one dealing with the matter of secrecy. The promise they made was this: "Whatever in connection with my professional practice, or not in connection with it, I see or hear in the life of men which ought not to be spoken abroad, I will not divulge, as reckoning all such should be kept secret." The influence of this "Oath" has been far-reaching, and oaths containing the essentials of the Hippocratic formula were until recently taken by candidates on admission to medical degrees at many of the European schools of medicine.

The subject of professional secrecy is well known among members of the medical profession. Its importance and the serious nature of its obligation are also matters with which every doctor is conversant. The public also understand quite well the obligation that binds the doctor. Furthermore, the laws of most civilised countries protect both the professional man, and all others

concerned, by enjoining the custody of professional secrets. Even in a court of law, doctors must refuse to divulge secret knowledge which they have gained in the exercise of their profession. The social welfare requires this, for it is clear that those who most need to confide in a doctor, would never give him their confidence, if they suspected that it would be violated. The obligation of keeping secrets, therefore, binds in conscience. It is a moral obligation and the Catholic teaching on the subject is very clear. What, then, is a secret? A secret is defined as "some hidden matter concerning another which cannot be made known without causing him injury and displeasure." Now, excluding the seal of Confession, which is sacramental, there are three kinds of secrets:

First, the Natural Secret; that is, when hidden matter of the kind described in the definition comes to our knowledge.

Secondly, there is the Promised Secret. This is a promise of secrecy made *after* the knowledge has been communicated.

The third class of Secrets refers to the secret committed to us on the condition that, if the matter be communicated to us, we shall not reveal it. In this case, the promise *precedes* the knowledge. Only on this condition would it have been divulged. Again, this promise is sometimes clearly and distinctly made, as if one were to say, "I shall not tell unless you promise not to reveal." The promise is, however, often implied in the very circumstances of the case, when, for instance, the knowledge is given to certain persons by reason of the office they hold. Such persons are doctors, lawyers, and officials of the State, etc. The nature of their office and of their



duties is a guarantee to all concerned that they will not divulge the knowledge confided to them. In this sense is it understood and agreed upon by all civilised men.

From its nature, the secret in which there is an expressed or implied promise of secrecy binds the most strictly of all. It binds the conscience in justice. To violate such a secret, in a serious matter, is to render oneself guilty of a grave sin. So strict is this secret that every professional man, if questioned in a law court upon a matter of professional secrecy, if there be no other way of guarding it, must answer by a flat denial of all knowledge. This is true, no matter what the civil law may say upon the matter. The violation of this secret is permissible in three contingencies only: to protect an innocent party from an unjust aggressor; to prevent evil befalling the person confiding the secret; and, under certain circumstances, to prevent great evil to the person who makes the promise of secrecy. The medical secret belongs to this third and most strict class of secrets. The reason of this is clear. There is an implicit contract between the doctor and patient that all knowledge acquired shall be preserved inviolably by the doctor.

Now, this doctrine of secrets, which is given here at length, is of interest and importance to nurses. They may find themselves in the same position as doctors. In the practice of their profession nurses may become possessed of knowledge regarding others which is confided to them only on the implied condition that they will preserve absolute secrecy. They are, under the circumstances, in possession of a professional secret. The obligation which binds doctors, binds nurses in similar cases. If, therefore, in the course of her practice the nurse be-

comes possessed of knowledge regarding individuals or families, she is strictly, and in conscience, bound to secrecy in regard to it. Cases may arise in which a nurse will find it difficult to know the best course to adopt. For example, a case might arise in which a nurse is called as witness in legal proceedings. Other difficulties may occur where the exceptions to the law of secrecy seem to apply. For instance, the nurse might know professionally that great harm was threatening an innocent third party, and that it was threatened by him who gave her the knowledge; or she might see that great loss was likely to befall the person confiding in her, or serious evil to come upon herself. Furthermore, she might believe that the only way to avert these evils would be to divulge her secret. Should such cases arise they will certainly prove difficult of solution. The right course for the nurse, however, in all such difficulties, is to consult a priest and be guided by him in the course she should follow. Apart from these rather exceptional cases, the nurse must impress upon her mind the seriousness of the obligation which binds her, for she is at all times strictly bound in conscience to keep the secrets of her profession.

But it is important for the nurse to know who has the right to the information she may possess, and from whom she is bound to withhold it. In the first place, the nurse must distinguish between the various people she has to deal with. In the course of her work, she is concerned usually with four different sets of people. These are the hospital authorities, the doctors, the patients, and the friends of the patients. Again, in regard to all of these she has to keep before her mind what is the nature of the knowledge which she possesses. Some of her

knowledge regards the illness of her patient, its development, its varying conditions, the results of the treatment—everything, in short, which the nurse is taught to observe, to note, and to report upon. But during her work she may become involuntarily possessed of much knowledge regarding the life, the family, and the domestic affairs of her patient. Few cupboards can be kept closed from the nurse. The ghosts they contain seldom fail to come forth.

Now, in regard to the knowledge she possesses regarding her patient's condition, the nurse must disclose this to the doctor. When she is on duty in a hospital she must also, if required, divulge her information to the authorities. These have a right to the knowledge, and it is part of a nurse's duty to report to them accurately and fully upon the condition of her patient. But this rule does not hold good for the patient and for his relatives and friends. The nurse is not the recognised channel of information for them. She assumes a very serious responsibility in giving to them unauthorized information. Let it be definitely understood that the nurse's responsibility begins and ends with the carrying out of the doctor's orders, and she should confine herself to this. While in the hospital the nurse will not experience much difficulty in this matter. The superintendent and the doctor are always available, and the nurse can always shelter herself behind the hospital rules which forbid her to give out information about patients.

Upon this subject, it is also worthy of note that, while observing the regulations set for her, the nurse must never fail in courtesy and kindness to all who make enquiries. She should be particularly careful not to hurt



those who are probably suffering keenly, and filled with anxiety about the patient's condition. It is very reprehensible for the nurse to give a curt, official reply to questions, and to leave the enquirers unsatisfied and unattended to. Can it be wondered at that they naturally resent such off-hand and unfeeling conduct? To these people the patient is one of their dear ones. To them the nurse represents the hospital. She must, therefore, be very careful not to inflict upon them unnecessary pain, and in doing so injure in their eyes the hospital she is serving. The nurse's duty is to show a kind and sympathetic manner; she should answer in some non-committal phrase, and conduct or direct her enquirers to the proper authorities for fuller information.

On private cases the nurse may have greater difficulty in dealing with such people as those mentioned. Although she has not the hospital rules to shield her in this case, yet she has those of her profession and the orders of the doctor to take their place. These should be sufficient to enable a nurse to deal with any difficulties she may meet in this respect. While observing all that kindness demands and showing every sympathy to those really concerned, the nurse must do her duty faithfully and fully. Beyond non-committal replies, the most prudent course is to refer to the doctor all who wish for fuller information. It will greatly help her if she provide herself with a daily bulletin from the doctor. She can, when circumstances justify, freely communicate this in reply to all enquiries.

Now, in regard to other knowledge of a hidden nature about her patient, his family or his affairs, of which the nurse becomes possessed, it need only be said that the



nurse is obliged to keep it absolutely secret from everyone. So far as this knowledge is concerned she should be as if she knew not. Neither during the case, nor at any subsequent period, is she free to divulge this information to anyone. No one has a right to obtain this knowledge from the nurse who is bound to refuse it to all who may show themselves inquisitive. A little reflection here will reveal the fact that this knowledge differs essentially from that regarding the patient's condition. In the latter case the patient implicitly agrees in the nurse's communicating it to the proper people; but in the former the patient in engaging the nurse, implicitly contracts with her that she will keep secret what she learns concerning him or his affairs while she is in attendance upon him. If this were not so, the patient would never have put himself in the nurse's hands. The secret knowledge which is thus given to the nurse falls under the third class of secrets. The nurse is in possession of a professional secret. She has, therefore, implicitly promised to guard it inviolate, and to this promise she must ever remain faithful.

From what has been stated it will be seen that it is most necessary from the very beginning that the nurse should train herself in that prudent guard over her tongue which will make her proof against all temptation in this matter of secrecy. In many things the nurse has necessarily to be relied upon. In none is she more trusted than when a fellow being demands her aid and in doing so discloses what is most secret to him. This trust must be sacred to the nurse. She must train herself to be ready to accept it, to keep it faithfully, and to safeguard herself from the remotest possibility of ever betraying it.

## CHAPTER XVI

### TRUTHFULNESS AND HONESTY

*"No pleasure is comparable to the standing on the vantage ground of truth."—Lucretius.*

EVERY Catholic has been taught from childhood the necessity and value of truthfulness, as well as the evil of lying and dishonesty. It may be supposed, therefore, that every sincere Catholic nurse not only knows her duty in this matter, but fulfills it conscientiously. The question of truthfulness, however, is of such exceptional importance in the nursing profession, that it will repay special consideration.

To train herself to be absolutely truthful in her words and to be strictly honest in every action, is essential to the nurse. Every girl, who hopes to succeed in this career, must realise how great is her responsibility, and how much is expected of her in the matter of truth and honesty. It follows, from the very nature of her profession, and from the reliance people must necessarily place upon her, that this must be so. Who can doubt that the nurse's position is always one of trust? Do not truthfulness and honesty lie at the very root of this trust? To prove reliable where the great issues of life and death are involved, is to ensure success; to fail here, is to fail in everything. From the beginning, therefore, the nurse must train herself to weigh her words, to gain the habit of a well-controlled tongue, to be exactly truthful in every utterance, and to be rigidly honest in every act. It must not be imagined, however, that there is one standard of truth for the nurse, and another for the rest of mankind. This is not so. There is only the one law for all. We

are bound in conscience to tell the truth, and to avoid every dishonest action. But in this respect there is a difference between the nurse and those in less responsible positions. The latter, if they err, often hurt only themselves; but the nurse injures herself and many others as well. The injury, moreover, which she inflicts, may be irreparable.

The vocation of nursing means that she who is called to it has to devote herself to one of the highest responsibilities on earth—the service of the sick. This great and fundamental fact must never be forgotten. To keep it always before the mind in the light of an ideal is, perhaps, more needful in this commercial age than ever before. At a time like the present, when so many, having lost all fine perception, no longer cultivate the true sense of values, and when the worth of everything is so frequently measured by monetary returns, the nurse must never lose sight of the grandeur and nobility of her calling. Even though it is to her an honest means of livelihood, she must remember that there is in it something more—something which is higher, grander, and more compelling than that which can be measured in terms of material gain or worldly advantage. Nursing is a woman's devotion to the service of those who cannot help themselves, and who, without her aid, must perish; or of those who, by reason of her skill and care, will enter again the arena of life and be restored to those they love. Such service belongs to a higher order than the material, and money is not the measure of it.

Now this work, in which the nurse plays so large a part, is not hers alone. It is a social work. Hospital, doctor and nurse are the component parts of that great



and merciful machine which confers the gift of health and happiness upon so many, and the union of these three is essential. Upon the perfection of their united action depends success in the great fight against disease and death. The hospital, as we know, is organized to cure disease. The doctor brings his skill and knowledge to secure the same end. But both hospital and doctor depend upon the nurse for success in their great undertakings.

Now, one of the greatest dangers to be feared in this complex piece of health machinery is the untruthful or dishonest nurse; for a nurse who is devoid of the essential quality of truthfulness can render useless the organisation of the hospital, and destroy the best efforts of surgeon or physician. From the nature of things it is evident how completely a hospital depends upon the reliability of its nurses. It entrusts to them the execution of all those functions which regard the well-being of its patients. The whole organisation of the modern hospital, its gradation of rank, its well-directed plans of work, its departmental services, all these depend for success upon the loyal and harmonious working of the nurses. It is easy to realise, therefore, what immense evil may be done by an untruthful nurse, or one who is deceitful or dishonest in her actions. Without this moral co-operation on the part of the nurse, the plans and organisation of the most perfect hospital will fail. Not only will the result be disorganisation, many misunderstandings, and continual contention; but the great object of all, the patients' health, will be rendered difficult or impossible of achievement.



In regard to the work and efficiency of the doctors, the same is to be said. By the conduct of an untruthful or dishonest nurse, their work is affected as disastrously as that of the hospital. That the treatment of disease in these days depends for its success almost entirely upon skilled nursing, is beyond all argument. Upon the efficiency of the nurse the doctor relies at the present day to a degree unknown in the past. Hence, it is not too much to say that the nurse of our day must be "eyes and ears" to the doctor. For his guidance the doctor depends not only upon the nurse's skill and power of observation, but on the exact and truthful record of what she does and sees. He relies absolutely upon the accuracy of charts, the honesty and completeness of reports, and upon the truthful replies to all his questions. Without further labouring the point, it is clear what implicit reliance the doctor must place upon the nurse, and how great the evil she can do if she fails in truthfulness or honesty. Of course, the evil due to the nurse's failure does not end with the harm done to the hospital, or with the disorganisation of the doctor's work. The ultimate sufferer is the patient. He pays by increased suffering, or perhaps with his life, for the falsehood of which the unconscientious nurse is guilty. The untruth may be uttered thoughtlessly, or it may be a deliberate attempt to shield some carelessness. The result is the same. Consequently, the nurse who is deceitful or dishonest in word or deed, not only injures her own moral character, but may be the source of immense mischief to the hospital, to its staff, and to its patients.

The two causes most likely to bring about the nurse's downfall in regard to truthfulness are fear and human

respect. Mistakes will be made and, fearing the consequences, a nurse will in some cases resort to falsehood. Again, deception sometimes seems an easy way to gain the good opinion of others, or to prevent oneself from losing it. This is, indeed, a false policy, and whoever attempts to follow it will soon find this out by sad experience. Under the best conditions errors are inevitable. They are readily forgiven. But a lie is inexcusable, and never meets with pity. While the good opinion that rests on falsehood is not only dearly bought, it can never last. It will be irreparably destroyed once the truth becomes known. A reputation for fearless honesty and absolute reliability, however, secures for its happy possessor the confidence of everyone. No one makes such lasting friends as the truthful and honest nurse. No matter what the consequences may seem to be, the nurse will never lose by honesty and truthfulness. As a matter of fact, she gains infinitely if she follows fearlessly the dictates of her conscience, and stands "four square" with the truth on every occasion in her life.

There is another aspect of the question which, though it is more material, is, nevertheless, deserving of the serious consideration of every nurse. The untruthful nurse, or one known to be capable of deceitful actions, cannot hope to succeed in her profession. A reputation for dishonesty discounts skill and knowledge, however great. It is foolish to expect a hospital to recommend for any important position a girl who has left behind her a record for laxity in the matter of truth. The fact that she was known to be inaccurate and careless in drawing up reports, or that she did not scruple to shield herself from blame by uttering half truths, or by falsifying her

---

records and charts, or that she did not hesitate to speak falsely to avoid disagreeable consequences, will always react most damagingly upon the nurse's after-career. Doctors quickly learn of such nurses. The habits which the nurse has permitted herself to form while at the training school, soon betray themselves in private practice. So it comes to pass that the nurse, lacking in the essential qualities of truthfulness and honesty, finds her work unappreciated and unsought for. She gets nothing to do; no one wants her; she is passed on from one doctor to another, and spends most of her time in lonely idleness. She soon becomes unhappy and discontented with her lot; her early dreams of success quickly vanish, and she realises, only too keenly, that the hopes of former days can never be fulfilled. The cancer of untruthfulness has done its deadly work. As a nurse she is a failure, and in the natural order of events she passes out of the profession unhonoured and unknown.

## CHAPTER XVII

### DISCRETION

*"It is common for the younger sort to lack discretion."*  
—Shakespeare.

**I**T IS expected of every nurse that she shall keep faithfully all secrets and be fearless in speaking the truth.

The two preceding chapters have dealt with these duties from the point of view of the nurse. But though we are all bound to keep certain matters secret, and to be truthful in our words, yet these obligations present special difficulties to those engaged in the nursing profession. This is inevitable on account of the nature of the nurse's work, and of the confidential position which she holds.

To discharge successfully her obligations in respect to both secrecy and truthfulness, the nurse requires something more than good-will. She must, in fact, train herself with special care to meet the difficulties to which she will find herself exposed. In her peculiar position of trust, she needs to excel in the virtue of discretion, and if she is to succeed, she must constantly exercise herself in this virtue. She must not rest satisfied until she is perfectly sure of herself, and proof against the many temptations that may assail her.

The virtue of discretion governs our conduct as well as our speech. But here it will suffice to consider it as the virtue which guides us in the use of our tongues, which rules our speech, which tells us what is right to say and when to say it. Discretion in speech is opposed to talkativeness, to irresponsible gossiping, and to the thoughtless use of our tongues on every occasion. Dis-



cretion, therefore, is the safety-valve of speech, for it tells us when to speak, and when to be silent. It likewise enables us to guard faithfully what should be secret, and to speak the truth fearlessly, when duty demands it.

Now, the importance to a nurse of this virtue of discretion can hardly be exaggerated. Its possession is rightly counted among her greatest assets. Without discretion she will certainly prove a failure in her profession. While the indiscreet nurse is always a source of annoyance, she is, in a sense, worse than this. She is a positive danger to everyone who has to deal with her, for one never knows when her unruly tongue will cause mischief and trouble. Take, for example, the nurse who blurts out everything to her patient. She details the nature of operations, tells what the doctors did or did not do, and recounts what remarks they made. She relates her own experiences in other cases, and freely answers all questions her patients may put to her. The result of her indiscretion is to inflict great misery upon her patient, and probably to retard seriously his recovery. Naturally the doctors are annoyed; they complain to the hospital authorities; there is trouble on all sides; everyone is angry and put out; and all this is due to the indiscretion of the nurse.

In her dealings with her patients, therefore, the nurse must exercise the utmost discretion. It is no business of hers to give them any information. No matter how curious they may be, or how insistently they may ply her with questions, the nurse must quietly but firmly refuse to satisfy them. While conditions of suffering and weakness prevail, much information, which at other times might be quite harmless, would be very injurious to the

sick person. Hence, it is but common charity to withhold this from them, and to succeed in doing so requires great discretion on the part of the nurse.

What, indeed, is most needed for the sick is an atmosphere that is bright, joyful and peaceful. Now, it is one of the great arts of nursing to create such an atmosphere, for it is well known that whatever secures for the sick an increase of will power to fight for life, and banishes from them anxiety or fear or depression, is of the utmost importance. Hence, the care that is now taken to surround the sick with everything that is bright and cheerful. Flowers are freely used to decorate and brighten the wards or rooms, while every effort is made to hide away the more painful and sordid side of sickness, and to put out of sight whatever would bring sadness or fear to the patient. For the same reason it is important that the nurses should have bright and cheerful manners. A nurse who is always joyful and smiling, who comes like a ray of sunshine into the sick room, and who radiates an air of serenity and of cheerful confidence, is not only securing the best conditions of work for herself, but is an immense help to her patients. She inspires them with her own confidence, and, in some strange way, her vitality communicates itself to them. Patients readily obey her, and always feel the better for her presence.

These considerations serve to emphasize how important it is for the nurse to be discreet in the use of her tongue. She must master the golden rule of silence when she gives herself to the care and service of the sick, for it is clear that the talkative and indiscreet nurse can do endless mischief by the bedside of the sick. Instead of

being a messenger of joy and of hope, she may become the source of great misery. Her indiscretion may actually defeat the best efforts of doctor or hospital on behalf of her patient. The nurse has, therefore, a serious responsibility in this matter. Not only must she never be guilty of unbecoming and hurtful speech with her patients, but she must be so perfect in her self-control that she will never allow even a slip of the tongue to betray her. To do her duty by the sick will often tax the patience, good-will and ingenuity of the best nurse. But she must be faithful to her duty. She must so train and exercise herself, that no matter how curious or importunate or prying her patients may be, she will never find herself guilty of an indiscretion, nor give cause for complaint by over-stepping the bounds of that prudent reserve which should guard the tongue of every nurse.

Not alone with her patients, but also when outside her hospital, a nurse has great need of discretion in her speech. A very little thought will convince everyone of the truth of this. A nurse is a nurse always. She carries with her many responsibilities, many obligations, and many confidences. She cannot consider herself absolved from these, even when she is outside the precincts of the hospital, and is not wearing her uniform. Hence, a nurse must never permit herself to talk with others about her patients. She must not discuss or criticise with outsiders her hospital or training school. It is an absolute want of loyalty on her part to do so. She must also guard herself against the desire "to tell things," so strong in some human hearts. She fails herself and fails her profession, if she permits herself to become the centre of an idle, inquisitive group, while retailing for their amusement her



“experiences” in hospital, or by the bedside of the sick, or with doctors she has met. Even in the bosom of her own family, the nurse must guard herself against the too free use of her tongue. Her position of trust does not end when she enters her own home. She can be just as blameworthy for indiscretion among her relatives, as amongst her acquaintances, and as untrue to her obligations in her home as outside of it.

Sometimes the indiscretion to which we have referred is due to thoughtlessness and inexperience; more often the cause of this evil lies in the vanity of the nurse. This weakness is appealed to by certain people who regard the nurse as a source of all kinds of information, and as one who has had many varied and thrilling experiences. The nurse’s skill in the management of the sick usually impresses the ignorant, and this leads them to attribute to her a knowledge to which she has no real claim. Hence, they make much of the nurse, appeal to her for all kinds of remedies, and beg her to tell them the experiences of a nurse’s life.

Under such circumstances, the vain and conceited girl easily falls a victim to these temptations. The subtle flattery of hearing the words, “Nurse said so,” or of posing before the ignorant, puts to sleep the vigilant guard she had promised to keep over herself. She forgets her obligations, and abandons her promises. Too soon, alas, she takes her rank among those garrulous and indiscreet girls who are a danger to everyone, a menace to themselves, and a disgrace to their profession. When it is probably too late, such a nurse will discover how foolish she has been. She will realise with regret that a conceited mind and an indiscreet tongue can do their



owners exceedingly great harm. She will find that she has antagonised doctors, has earned the disgust of all sensible people, that congenial and remunerative work is hard or impossible to get, and that positions of trust are always withheld from her. In her case, the saddest words are these: "What might have been!"

The girl, therefore, who takes her work seriously, and sets out to succeed in the nursing profession, must rigidly and constantly exercise herself in great restraint over her speech. She must cultivate the habit of reticence, and of concealing things that need not be told. She must not rest till she has gained complete mastery over herself, and can face the difficult duties of her life, certain that neither the flattery of others, nor any unguardedness on her own part, will ever cause her to betray herself, or to fail in what she owes to her hospital, to her doctors, and to her patients.

## CHAPTER XVIII

### "ON CALL"

*"One by one thy duties wait thee;  
Let thy whole strength go to each;  
Let no future dreams elate thee;  
Learn thou first what these can teach."*

*—Adelaide Proctor.*

EVERY doctor considers himself morally and professionally bound to respond to a demand for his professional services. Is a nurse who reports herself "on call" equally bound to respond to every demand for her service? This, it will be admitted, is a question of practical interest to every nurse.

It is clear, in the first place, that the nurse has the same right as the doctor to specialize in certain branches of work. If she wishes, she may limit the scope of the service which she is prepared to give. She may, for instance, elect to nurse only mental cases, or surgical cases; or she may confine herself to work in private hospitals, etc. This is quite within her province; no one can question it. But what of the nurse who simply reports at the registry or elsewhere that she is "on call" for general nursing? Such a nurse is in exactly the same position as a general practitioner. She must respond to the call of duty when it comes. Complaints are often heard of the attitude which some nurses take when called upon to give their services. Despite the fact that they have reported themselves "on call," it is said that they refuse to respond when their services are requested. It is complained that some nurses are guilty of "picking their cases." Certain ones refuse because the case is not an

"easy one"; some decline because it is not a so-called "good case"; some refuse to leave the city, while others shelter themselves behind more or less inadequate and trivial excuses.

Here may be mentioned another complaint which is sometimes made against nurses. It is often said that some are dilatory in answering calls. They accept the case, but do not report for work with the promptness that is incumbent upon them. In some instances, they waste much time before they put in an appearance, and meet the exasperated doctor or patient with excuses that are silly and banal. Such nurses seem quite regardless of the inconvenience they cause to doctors. The demand upon the doctor's time, the harm which delay will cause both to him and to those awaiting his attention, are matters of no concern to the dilatory nurse. She is equally regardless of the unnecessary suffering which her conduct will certainly entail on her patient. She does not consider these things, and puts her own convenience before everything. It is perfectly clear that such conduct is quite unprofessional, and absolutely foreign to the true spirit of nursing. The nurse who fails to respond to every honest call, or who shows herself slothful or unpunctual in reporting for duty, proves herself unworthy of this noble profession. Her conduct is not only hurtful to herself and to those immediately concerned, but it is detrimental to the whole nursing body.

The rule, therefore, which a nurse should make for herself is to be either "on call" or not "on call," and to this rule she should adhere most strictly and conscientiously. Considering the responsibilities that rest upon her, the nurse should consider herself as much bound as

the doctor to respond to every call for her professional service. She is certainly free, we admit, to abstain from reporting herself "on call," because health, business, or her own convenience, may indicate that she should rest a while. But once having reported herself "on call," she fails herself, and fails her profession, if she refuses to respond when the demand upon her is made.

In the matter of remuneration, a nurse is always justified in having a proper regard for a just reward of her services. She is entitled to ask a guarantee of this before she undertakes a case. But the fact that the case comes from a doctor, or a recognised nursing home, is usually quite sufficient protection for the nurse's interests. She should consider herself bound to act upon it. Even should the call come directly from a private family, a little experience will be sufficient to guide the nurse how best to act. Should she find she has undertaken a case where her remuneration seems very doubtful, she can notify the doctor and resign the case. The hospital is always available for such cases. On the other hand, these cases often present opportunities for the exercise of great charity. To this the nurse is in no way bound, but should it be possible, she may elect to continue on the case as an act of charity. She will, in doing so, be acting according to the highest ideals of her Faith and of her profession. But such a course may not be possible for the nurse, and in this case she need have no scruple in declining any further responsibility. She can conscientiously retire from the case.

Lastly, the nurse should make it a rule to be prompt in answering her calls. She should set out for her destination in the shortest time, and by the most direct route.



If the hour of arrival has been agreed upon, it is the nurse's duty to be punctual, and to report for duty at the time appointed. To act otherwise is to place uppermost not her duty, but her own convenience. This is selfish and unworthy of one who has given herself to the most unselfish of professions, and, furthermore, shows that she is unworthy of that respect and confidence to which every true nurse is entitled. Were nurses more exact in answering calls and in punctuality in attending them, fewer complaints would be heard against this profession, and fewer nurses would be idle for so much of their time, or so discontented with their lot in life. The remedy, it will be evident, lies with the conscientious nurse herself. Those who are faithful themselves and who, by their example and influence, help others to realise more fully the obligations of their profession, can do most to remove this blemish upon the good name of the nursing profession.

## CHAPTER XIX

### A GOOD TIME AND BAD INFLUENCES

*"Thou must be like a promontory of the sea, against which though the waves beat continually, yet it both itself stands, and about it are those swelling waves stilled and quieted."*

*—Marcus Aurelius.*

IT IS safe to say that every girl who goes through her training school conscientiously leaves it a better woman. The eyes of her soul have been opened, the range of her sympathies widened, and her character moulded by the events in which she has participated during the period of training. With these years of good work accomplished, the young nurse goes forth to begin her career, conscious of her powers, full of courage, and animated with hope for the future. The time of trial is over. The years of preparation and of promise are now to yield their fruit.

Henceforth, a busy life awaits the nurse. It should, taking everything into consideration, be a useful and a happy one: useful, because it is devoted unselfishly to the care of those most in need of care; happy, because the nurse will learn, in the conscientious discharge of her duties, the secret of true happiness. She will learn also that happiness is found in the absorption of her faculties into a great calling which fills and satisfies the soul, and that it comes to all, not from what they manage to get out of life, but from what they give to it by their own efforts and sacrifice. But as she enters upon the serious and exacting duties of her profession, the earnest and conscientious girl may indeed feel a sense of overwhelming responsibility. In the midst of surroundings that are

new and strange to her, and while still somewhat uncertain of herself, she must be prepared to endure many anxious moments. Tormenting doubts and many anxieties regarding the success of her efforts will fill her mind. "Suppose the doctors are not satisfied"; "Suppose I make mistakes"; "Suppose something goes wrong with the patient"; these, and such like questionings, will frequently present themselves to the young nurse's mind. Naturally, they will be disquieting, and, perhaps, they will not be very pleasant. For the young nurse who realises her position, it will be scarcely possible to escape feeling this deep sense of her responsibility and, at the same time, a consciousness of her own insufficiency and weakness.

Indeed, to be entirely freed from such feelings as we have referred to, would not be altogether desirable. To enter upon her duties in an easy-going, light-minded manner, would indicate the absence of many fine qualities in the nurse, or the presence of a vain conceit of herself. Gradually, however, yielding to custom, this feeling eventually wears off, while anxiety gives place to that quiet confidence which the growing experience of her own fitness and capacity soon brings with it. It is then that the nurse begins to appreciate the great possibilities of her profession. She realises that, in entering upon it, she has taken her place beside the priest and the physician, and is little inferior to them in the magnitude of her mission to the sick and the suffering.

There are, however, two temptations or dangers which may beset a nurse on the very threshold of her career. They are both capable of doing immense evil, and to fall a victim to either of them would destroy the usefulness and happiness of her career. One of these temptations

comes from a certain attitude of mind which indicates the absence of the true spirit of nursing. It is frequently spoken of under some such phrase as "seeking a good time" on one's cases, which means, when analysed, that the nurse sets her heart not on the faithful service of the sick, but seeks in it merely her own gain and her own pleasure. She uses the career of a nurse to enjoy herself, and makes use of the opportunities it affords to provide herself with pleasures, amusements, excitement and novelty. Or it may be that she regards her profession as nothing else than a means of promoting her own interest in life, and subordinates everything to this view of her career. In fact, the nurse's duties, the interests of the sick, and the convenience of others are all sacrificed to whatever the nurse considers will provide her with pleasure, or promote her own interests. Who shall say, in justice and in truth, that this is the true ideal of the nurse's career?

Now, it is characteristic of this temptation that it may never have manifested itself during the years of training. It is quite possible that a girl may pass through her school without feeling conscious of this attitude towards her work, but when she becomes her own mistress, things seem to change. She is now in the world, and she finds its pleasures attractive and not difficult to obtain. Life and all its interests, undoubtedly, make a strong appeal to the young nurse. The restrictions of the training school are removed; they no longer exert their restraining influence, and the nurse is free to act as she pleases. In a word, she is completely mistress of herself, of her time, and of her work. It is not surprising, then, that a temptation of which she has hitherto



been quite unconscious, may present itself very strongly to a nurse in the early days of her career. At this period, it will be particularly needful for her to stand upon her guard. While it is not necessary to point out at length the evils entailed by yielding to such a temptation, it will suffice to say that the attitude of mind which seeks in nursing anything besides the best service of the sick, is absolutely opposed to the true ideals of the profession. It strikes at the root of good nursing; it is fatal to success; it quickly undermines the character of the nurse, and because it leads to innumerable dangers, it is a source of constant peril to the nurse's safety. Perhaps it is unnecessary here to insist how unworthy of a true nurse such an attitude of mind really is. Better were it by far that a girl should renounce this great calling, than lower its standard and endanger herself by yielding to a temptation so alien to the true spirit of her vocation.

Another consideration here introduces itself, and it is this: The nurse who deliberately debases her profession by seeking in it a mere means of enjoyment, or who uses it unscrupulously to further her own personal interests, will find her life very empty indeed. It will neither be a useful life, nor will it be a happy one. It will profit nothing to herself, and nothing to those committed to her care, for is it not written that we must "seek first the Kingdom of God, and all else shall be added to us"? If the Catholic nurse always strives conscientiously to do her best, she may rest assured that everything else will be added to her share. She will not merely secure success in her career as a nurse, but she will have the enduring joys of a good conscience, and the assurance of work well done. She will be victorious in her fight against

suffering and death, and, in the order of Providence, as a reward of her generosity and faith, she will certainly have her share of the good things granted to the majority of us.

Another danger which may beset a young girl in the early days of her career, arises from intercourse with unworthy nurses. Now, it is hardly too much to say that one of the greatest dangers to a girl's safety is an unprincipled woman. Unfortunately the nursing profession is not without these. Amongst its followers, as we all know, there are many classes of women. That they will all be inspired with the ideals, the faith, and the religious training which Catholic nurses should have, it would be folly to expect. At the same time, there are to be found amongst them very many high-principled and most excellent women. These are certainly deserving of all that respect which they never fail to inspire in those who come into contact with them. But the fact remains that not all those who hold a certificate, or wear a uniform, are worthy of the name of nurse. There are those who are without belief, without conscience and without character. They have low ideals, their concept of life and its duties is unprincipled, and their ultimate rule of conduct is nothing more than the passing emotions of pleasure, of vanity, or of ambition. They may, indeed, be clever at their work, witty in their speech, and fascinating in their manner; but they are none the less to be mistrusted. Gifts that are merely external are worse than useless, if they are not guaranteed by depth of character, a high sense of honour, and obedience to principle.

The young girl entering upon her career must learn early to distinguish the false from the true, and what is

real from the glittering counterfeit. This will not be difficult, if she be only earnest and sincere. When she has weighed the character of such a woman, and found it wanting, she must not only stand upon her guard, but resolutely keep herself free from the bad influence it so often exerts. The evil of bad example is, unfortunately, everywhere; but it has a power peculiarly insidious and detrimental when it appears under the garb which every true nurse has learned to love and respect—her uniform. In regard, therefore, to these and other dangers, it is well for every nurse beginning her career to reflect seriously. She must take care not only to foresee, but also to provide against, the dangers that lie ahead. While giving of her very best to the great profession she has chosen, she must take every precaution to save herself from falling a victim to any of its dangers. To do otherwise would argue a want of prudence hardly compatible with those obligations and responsibilities inseparable from the nurse's career. A brief space of time may suffice to accomplish evil which a long period of sorrow cannot undo. It is but poor consolation for a girl to reflect, after the mischief is done, that she has wrecked her career, and, perhaps, forfeited what should be dearest and most sacred to her—her fair name—because she lost her head for a few hours, or was careless about those seeming trifles which were, in fact, the beginning of untold evils, or allowed herself to be swayed by those she knew to be unworthy members of the nursing profession.



## CHAPTER XX

### NON-CATHOLIC PATIENTS

*"Be true to the highest your mind can conceive;  
Be true to the noblest and best;  
Let your life be the witness of what you believe,  
And then unto God leave the rest!"*

—A. Small.

CERTAIN problems may arise from time to time for the Catholic nurse who is attending non-Catholic patients. Although these problems are not difficult of solution, yet it will repay every nurse to make herself familiar with them, for she will thus know how to act in circumstances that may be strange and novel to her.

As to her attitude towards non-Catholic patients, not much need be said. A few months' residence in the hospital will suffice to enable one to obtain a clear idea of the proper position to be maintained. In no way should a Catholic nurse make any difference in her treatment of patients who differ from her in religion. She must never let it appear that she is conscious of the fact that her patient is not of her faith. So far as the nurse is concerned, she is engaged to attend to the bodily needs of the sick person. Her duties do not go beyond this, and it will be well for her to be mindful of this. Ordinarily, she should confine herself strictly to her own sphere of duties. To do anything that would have even the suspicion of interfering with the religious beliefs of others, would be quite out of place in a nurse. It would, doubtless, be rightly regarded as a gross impertinence, and very justly resented by everyone concerned.



In the case of those who are dying, the nurse may sometimes find an opportunity of aiding the soul that is soon to pass to Eternity. Even in this instance she must be careful how she acts. But given the occasion, and having made up her mind that she will not be misunderstood, or give offence, she may suggest suitable aspirations and short prayers to the dying person. At such a moment, she should lay special stress upon acts of perfect contrition and acts of the love of God. In the majority of cases, the patient regards the nurse as his comforter, looks to her in hope, and listens to her with earnestness. Who will deny that there must be a thousand openings for assisting the departing soul, and that the good nurse has opportunities, which are afforded to none but herself, for strengthening, comforting and preparing such a soul for its last, great journey?

But, it may be asked, what is a nurse to do who sees clearly that her patient is in doubt as to his state? Even in this case something more is required. The simple knowledge that the patient entertains doubt about his religion is not sufficient to permit the nurse to act. If, however, the patient appeals to the nurse, or lets her know that he wishes her advice and help in this matter, she may then endeavour to share the light and faith with which she herself is gifted. This is the only case where a nurse can safely take action in a matter which, for one in her position, is always extremely difficult to handle. It will, probably, be a very rare case. Should the patient appeal to the nurse, and show himself really in earnest, she should endeavour to get him to see a priest. She herself may take the necessary steps to acquaint the priest with the circumstances, and ask him to visit her patient.

This will be the wisest course for her to follow, and it will rarely be possible for a nurse to do more. On the other hand, if a patient questions a nurse concerning the Catholic Church, its teachings or its practices, she should not appear to shrink from the question. It is supposed, of course, that the question is asked with sincerity; otherwise the nurse may treat it with contempt. She need never have any hesitation in dismissing idle curiosity unsatisfied. She should always resent everything that savours of disrespect to religion, and never tolerate the ill-bred sneer or the impertinent trifling with that which to her is most sacred.

When asked for information pertaining to matters of religion, the nurse should give it, if she can do so. If unable, she should simply state that she does not know, but will make enquiries. It would be well, indeed, if all Catholic nurses provided themselves with an answer to the ordinary difficulties that non-Catholics experience in regard to our Religion. This can be done quite easily. A small collection of the Catholic Truth Society's pamphlets, or any small manual of catechetical instruction, will be sufficient to supplement the knowledge of her religion which a nurse may be presumed to possess already. Any priest on request will readily recommend to nurses suitable books on this subject.

Here is another question that may cause some perplexity. Is a nurse obliged to hear Mass on Sundays when to do so might inconvenience the family, though it would not interfere with her duties to her patient? The nurse in this case must make up her mind as to the amount of inconvenience she is likely to cause. If it is serious, the nurse is not obliged to hear Mass. Other-

wise, the nurse is entitled to stand out for her rights. Included in these is the opportunity to fulfill her religious obligations, where to do so would not interfere with her proper attention to her patient. It would be wise for the nurse to have the consent of the doctor, and to be able to quote his authority, when she asserts her absence will not be harmful to her patient.

As to the law obliging persons to fast and abstinence, a nurse should have clear ideas as to what she is really bound. Ordinarily, a nurse should provide herself with a dispensation from fasting, for her work is such that usually she will not be able to fast. She may at times be engaged upon cases where the work is exceedingly light, and on such occasions she must follow her conscience. If in doubt she should ask for guidance. Naturally, the law of abstaining from flesh meat on certain days will cause most difficulty when the nurse is engaged in a non-Catholic family. Here she must observe the law where possible, and should have no hesitation in asking for what she needs. If, however, the proper food cannot be obtained without great inconvenience, the nurse is not bound to abstain. It will certainly make people respect the Catholic nurse if they observe in her an earnestness in her religious practices, so often lacking in those outside the Church.

It may be accepted as a general truth that every educated person knows that Catholics have certain duties and obligations binding upon them. The Catholic nurse need have no hesitation, therefore, in asserting her right to be allowed to fulfill these obligations. A little firmness at the beginning is always useful, and generally carries the day. At the same time, the nurse has to remember



that she is not obliged to these duties, if their fulfillment means that she must neglect her patient in any way, or cause serious inconvenience to the other members of the household. While prepared to waive her rights where she sees a just reason, the Catholic nurse should never permit her Religion or its practices to be attacked or ridiculed in her presence. Strength of character and courage in putting down at once, as vulgar and intolerable, the jest or sneer at her Religion, will win the respect of all. Such conduct is always edifying, while it may be at times the means of leading some soul to see the light. Instances are on record where this has been the case.

In concluding these remarks, we must remind the Catholic nurse that at all times and in all places, it is incumbent upon her to manifest her virtues, so that others may learn the instincts which guide her in the fulfillment of her duties. To do otherwise would argue that she is indifferent to her religious principles, and to the welfare of the Church generally. In this respect, it is well to remember what Mme. Swetchine says, "I only grant one privilege to Catholics, and that is to excel every one else." This privilege it has been truly said becomes a duty in an age when everything comes under discussion, and when the value of material things predominates. Those who observe Catholics doing good more wisely and perseveringly than others, and the Church bringing forth fruits of such comfort as no other society can, must find it difficult to deny that she has within her principles and aids that are not of earth. The Catholic nurse must, therefore, embrace every opportunity of doing good which presents itself in the course of her work. She



must not only excel in the skill and knowledge proper to her profession, but in the practice of her religion, and the exercise of those virtues from which true nursing draws both its inspiration and its strength. By acting in this way, she will let her light shine before men, and show, far beyond the evidence of mere words, that she has a reason for the faith that is in her.

### A NURSE'S PRAYER

Lord, help me to live from day to day,  
In such a self-forgetful way,  
That even when I kneel to pray  
My prayer shall be for "Others."

Help me in all the work I do  
To ever be sincere and true,  
And know that all I do for You  
Must needs be done for "Others."

Let self be crucified and slain  
And buried deep; and all in vain  
My efforts be to rise again  
Unless to live for "Others."

And when my work on earth is done,  
And my new work in Heaven's begun,  
May I forget the crown I've won  
While thinking still of "Others."

"Others," Lord, yes, "Others!"  
Let this my motto be.  
Help me to live for others  
That I may live for Thee.

—*St. Vincent's Leaves.*















LIBRARY OF CONGRESS



00026790190